



# Rural Municipality of Woodlands

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 Woodlands, Manitoba  
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Trevor King – Reeve  
 Adam Turner, CMMA  
 Chief Administrative Officer

## Operations & Annual Support Grant Application

**Application deadline: January 15, 2018**

OPERATIONS & ANNUAL SUPPORT GRANTS are for community organizations requesting support for such things as donations to annual charitable events, or assistance with other operational expenses. Requests for \$500 or less only require the budget portion of this application to be filled out. Requests between \$500 and \$5000 must be accompanied by a copy of your most current financial report and other sources of revenue. Please contact our Economic Development Officer at (204) 383 - 5679 should you have any questions regarding eligibility.

**Amount requesting: \$** \_\_\_\_\_

| ORGANIZATION / AGENCY INFORMATION          |                            |
|--|----------------------------|
| ORGANIZATION/AGENCY NAME & MAILING ADDRESS |                            |
| WEBSITE (IF APPLICABLE)                    |                            |
| CHAIRPERSON/PRESIDENT                      |                            |
| PRIMARY CONTACT PERSON                     | EMAIL                      |
| PHONE NUMBER                               | FAX NUMBER (IF APPLICABLE) |

|                                      |                           |                    |
|--------------------------------------|---------------------------|--------------------|
| Schedule: C                          | Release Date: Dec. 1/15   | Revision Letter: A |
| Department: Finance & Administration | Revision Date: July 12/16 | Page 1 of 3        |

| OTHER INFORMATION                         |  |
|---|--|
| REGISTERED CHARITY NUMBER (IF APPLICABLE) | HAVE YOU RECEIVED FUNDING FROM US IN THE PAST?<br>YES ____ NO ____ |
| IF YES, BRIEFLY EXPLAIN                   |  |

| FUNDING INFORMATION  |   |
|--|---|
| DESCRIBE THE PURPOSE OF GRANT FUNDING <u>AND/OR</u> CHECK MOST ACCURATE IN RIGHT-HAND COLUMN   | <input type="checkbox"/> ANNUAL EVENT<br><input type="checkbox"/> INSURANCE<br><input type="checkbox"/> OTHER _____ |
| LOCATION OF EVENT (IF APPLICABLE)  | YEARS HELD/OPERATING (IF APPLICABLE)  |
| IF REQUESTED AMOUNT IS LESS THAN \$500, A COPY OF MOST RECENT FINANCIAL STATEMENT(S) IS <i>NOT</i> REQUIRED. ONLY THE <b>BUDGET</b> SECTION NEED BE FILLED OUT. IF AMOUNT REQUESTED IS <u>OVER \$500, BOTH ARE REQUIRED.</u><br>STATEMENTS ATTACHED YES ____ NO ____ |   |

## BUDGET

Please provide detailed information with respect to anticipated revenue and expenses (include all monies received or receivable from other sources)

### REVENUE/ASSETS

ORGANIZATIONAL CONTRIBUTION = \_\_\_\_\_

OTHER FINANCIAL RESOURCES:

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

TOTAL REVENUE/ASSETS: \_\_\_\_\_

### EXPENSES

PROJECT EXPENSES:

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

TOTAL EXPENSES: \_\_\_\_\_

**TOTAL REQUESTED:** \_\_\_\_\_

|                                      |                           |                    |
|--------------------------------------|---------------------------|--------------------|
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Other Information/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that, to the best of my knowledge, the information provided on this application is accurate, complete and is endorsed by the organization identified on this form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

| OFFICE USE ONLY                             |                           |
|---|---------------------------|
| AMOUNT APPROVED TO MUNICIPAL BUDGET PROCESS | DATE                      |
| _____<br>Trevor King, Reeve                 | _____<br>Adam Turner, CAO |

|                                      |                           |                    |
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