



Rural Municipality of Woodlands

Box 10
Woodlands, Manitoba
R0C 3H0

Telephone (204) 383-5679
Fax: (204) 383-5169
Email: cao@rmwoodlands.ca

Community Enhancement Grant Application

Application deadline: January 15, 2019

COMMUNITY ENHANCEMENT GRANTS are for organizations who are requesting UNDER \$5000 to assist with execution of a one-time special event or project. Preference will be given to activities of a cultural nature, that are community enriching, or that are for public enjoyment. 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 Finance 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: A	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? YES ____ NO ____
IF YES, BRIEFLY EXPLAIN	

FUNDING INFORMATION	
DESCRIBE THE PURPOSE OF THE GRANT FUNDS BEING REQUESTED	
LOCATION OF EVENT (IF APPLICABLE)	YEARS HELD/OPERATING (IF APPLICABLE)
<p><u>IF REQUESTED AMOUNT IS LESS THAN \$500, A COPY OF MOST RECENT FINANCIAL STATEMENT(S) IS NOT REQUIRED. ONLY THE APPLICABLE BUDGET SECTION NEED BE FILLED OUT. IF AMOUNT REQUESTED IS OVER \$500, BOTH ARE REQUIRED.</u></p> STATEMENTS ATTACHED YES ____ NO ____	

PROJECT 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
_____ Reeve	_____ CAO