



# Rural Municipality of Woodlands

Box 10  
Woodlands, Manitoba  
R0C 3H0

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Email: cao@rmwoodlands.ca

## Major Projects Grant Application

**Application deadline: January 15, 2019**

MAJOR PROJECTS GRANTS are for community organizations requesting funding of \$5000 or more to offset costs related to infrastructure development, beautification, environmental sustainability and other major activities.

**Note:** *If your organization has a member appointed by the Rural Municipality of Woodlands (i.e. RM representation by a councillor, staff member or other), your organization must have a financial audit completed at your expense. This is only required if you are both requesting \$5000 or more AND have RM representation.*

Please contact our Finance Officer at (204) 383-5679 should you have any questions regarding eligibility.

Amount requesting: \$ \_\_\_\_\_ | Does your organization have an RM-appointed rep?  Yes  No

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

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**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

**BUDGET OVERVIEW**

A COPY OF YOUR MOST RECENT FINANCIAL STATEMENTS and if possible, BUDGET must accompany this application. 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