



# Rural Municipality of Woodlands

Box 10  
Woodlands, Manitoba  
R0C 3H0

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Email: cao@rmwoodlands.ca

## Community Enhancement Grant Application

**Application deadline: January 15, 2021**

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)

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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	
LOCATION OF EVENT (IF APPLICABLE)	YEARS HELD/OPERATING (IF APPLICABLE)
<p>IF REQUESTED AMOUNT IS LESS THAN \$500, A COPY OF MOST RECENT FINANCIAL STATEMENT(S) IS <i>NOT</i> REQUIRED. ONLY THE APPLICABLE <b>BUDGET</b> SECTION NEED BE FILLED OUT. IF AMOUNT REQUESTED IS <u>OVER \$500</u>, BOTH ARE REQUIRED.</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

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