



Rural Municipality of Woodlands

Box 10
Woodlands, Manitoba
R0C 3H0

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

Major Projects Grant Application

Application deadline: January 15, 2021

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)

Schedule: B	Release Date: Dec. 1/15	Revision Letter: B
Department: Finance & Administration	Revision Date: Nov. 10/20	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

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