



Rural Municipality of Woodlands

Box 10
Woodlands, Manitoba
R0C 3H0

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

Operations & Annual Support Grant Application

Application deadline: January 15, 2021

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 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: C	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 GRANT FUNDING <u>AND/OR</u> CHECK MOST ACCURATE IN RIGHT-HAND COLUMN	<input type="checkbox"/> ANNUAL EVENT <input type="checkbox"/> INSURANCE <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 BUDGET SECTION NEED BE FILLED OUT. IF AMOUNT REQUESTED IS <u>OVER \$500</u> , BOTH ARE REQUIRED. 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
_____ Reeve	_____ CAO