



Rural Municipality of Woodlands

Box 10
 Woodlands, Manitoba
 R0C 3H0
 Telephone (204) 383-5679
 Fax: (204) 383-5169
 Email: cao@rmwoodlands.ca

Trevor King – Reeve
 Adam Turner, CMMA
 Chief Administrative Officer

Operations & Annual Support Grant Application

Application deadline: January 15, 2017

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 Economic Development 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: 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 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: _____

| | | |
|--------------------------------------|---------------------------|--------------------|
| Schedule: C | Release Date: Dec. 1/15 | Revision Letter: A |
| Department: Finance & Administration | Revision Date: July 12/16 | Page 2 of 3 |

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 |
| _____ Trevor King, Reeve | _____ Adam Turner, CAO |

| | | |
|--------------------------------------|---------------------------|--------------------|
| Schedule: C | Release Date: Dec. 1/15 | Revision Letter: A |
| Department: Finance & Administration | Revision Date: July 12/16 | Page 3 of 3 |