



608 Broadway Ave. Winnipeg MB R3C 0W8  
Phone (204) 774-7201 Fax (204) 779-2203

## **SMALL GRANTS PROGRAM** **2011 APPLICATION FORM**

West Broadway Development Corporation, in partnership with Neighbourhoods Alive, Province of Manitoba has established this Small Grants Fund available to local groups and organizations in the West Broadway Neighbourhood.

***Successful grants will:***

- enhance the strength and cohesion of the community
- emphasize community building / connecting activities
- have identified support of local residents
- be sponsored by local groups (not individuals)
- not be used for capital improvements to private property unless the property has been made available, free of charge, for community use and the improvements relate to the proposed community use
- projects involving use of private or public property should have the written permission of the owners/ municipality
- take place within the West Broadway neighbourhood (map available)

Please note costs such as honouaria for facilitators is eligible while payments of stipends to participants are not

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Applicant Organization or group \_\_\_\_\_

Project name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Location if different from mailing address: \_\_\_\_\_

Person to contact with questions regarding this application:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

2<sup>nd</sup> Contact Person:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Grant Amount requested: (\$5,000.00 or less) \$ \_\_\_\_\_

Total project budget: \$ \_\_\_\_\_



4. Please describe expected results and the timeline needed to develop and complete the project.

5. Does the project utilize private or public property?  
\_\_\_NO \_\_\_YES (If yes, please attach written permission including address)

4. Expected Starting Date of this project: \_\_\_\_\_

5. Expected Completion Date of this project: \_\_\_\_\_

6. How have you identified the support of local residents for this project? Please attach emails or letters of support if possible.

7. What is the total cost of the project? Are you leveraging other sources of funding? If so from where?

8. Please attach:

- budget including income and expenses. If your project involves capital expenditures please provide quotes or evidence to back up your expenses, where possible.
- information on your group or organization like brochures, newsletters or articles.
- any other information that you think may be useful can also be attached.

Must be authorized by signing authority from organization / group

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> Person Responsible: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

