

Application Form

FOR OFFICE USE ONLY:

Date: _____

App. ID: _____

Note: The information collected using this form is required for the administration of this Manitoba Arts Council program and may be shared with other government departments/agencies with interests in your project. Information will not be disclosed to any other third parties except as allowed by The Freedom of Information and Protection of Privacy Act.

Contact Information

Please provide a mailing address for your organization as well as an email address and phone number for two contacts. If this application is successful, payments are issued in the form of cheques made out to your organization. Cheques will be mailed to the address you provide below. All other correspondence will be sent by email to the primary contact.

Organization name

Mailing address

City/Town/Reserve

Province/Territory

Postal code

Website

Primary contact

Secondary contact

Name

Name

Title

Title

Email

Email

Phone

Phone

Application Details

Charitable organization number: _____

Fiscal year end: _____

Grant amount requested: _____

Required Supporting Information

- Mandate, mission and/or vision and organizational history.
- A list of current board members including titles.
- A list of current staff with titles, please indicate whether full-time, part-time, temporary or contract.
- Strategic or business plan.
- Incorporation document, if not already submitted as part of a previous application to this program.
- Current by-laws including amendments, if not already submitted as part of a previous application to this program.
- A program proposal for funding year.
- A proposed budget for funding year.
- A program report on previous year (or annual report), including any special accomplishments or awards.
- Audited financial statements for your organization's most recently completed fiscal year (projected financial statements if audit not yet complete; however, audited statements must be forwarded once available).
- A use-of-surplus plan must be submitted should an accumulated surplus exceed 50% of annual revenues. A deficit reduction plan must be submitted in the event of an accumulated deficit.
- Signed declaration.

Program Summary

On a separate sheet, please provide a list of activities completed during the previous year in each of the following categories:

- A. Performances or exhibitions
Include a brief description of the activity as well as dates and attendance.
- B. Workshops, courses, and training (arts-related only)
include a brief description of the activity as well as the number of participants and the number of hours.
- C. Other artistic activities
Audience outreach, pre-show chats, literary readings, music circles, artist circles, etc. Include a brief description of the activity as well as the number of participants and/or audience members and the number of hours per activity.

Declaration

We, the undersigned:

- have read and understood the program guidelines and understand that failure to comply with these guidelines may result in forfeiture of the grant and may jeopardize consideration of future grant requests;
- understand that if this application is successful, our organization will receive a first instalment of the approved amount and that by accepting this payment, we agree to:
 - spend the funds as proposed and approved (MAC requires repayment of funds not used for the proposed and approved purposes);
 - notify MAC in writing as soon as possible to seek appropriate approval in the event of changes to the size, scope or dates of the project;
 - acknowledge the assistance of MAC in all promotional materials for which support was provided; and
 - complete a narrative and financial report using the form provided by MAC and submit it by the due date specified in the program guidelines.

We certify the statements and information contained in this application are accurate and complete.

Primary contact

Secondary contact

Signature

Signature

Name

Name

Title

Title

Date

Date