



Accessibility Financial Assistance for Applying & Reporting

Request Form

Accessibility ID # (for internal use only): _____

Name of applicant: _____

Name of organization (if applicable): _____

Email: _____ Phone: _____

Type of assistance requested:

Creating a profile in Manipogo

Writing an application

Program name and deadline: _____

Submitting a final report

Date of request: _____ Total amount requested: _____

How would you like us to contact you? Email Phone Mail

Projected budget

Describe the service or supports you need and which service providers you will use or have already used.	Cost
Total cost	

Service provider details

Name of service provider: _____

Address: _____

City/Town/Reserve: _____ Province/Territory: _____

Postal code: _____

Email: _____ Phone: _____

Notice of collection

The personal information provided on this form will only be used or disclosed for purposes related to the accessibility financial assistance program. The Manitoba Arts Council (MAC) will process and store the information separate from MAC's Online Application System.

Declaration

- I hereby declare that the above information is correct to the best of my knowledge.
- I have attached my service provider's quote.

Applicant Signature

Date