

**General Council of Winnipeg
Community Centres**

PROGRAM FUNDING APPLICATION

Name of Centre:		
Name of Contact Person:		Phone # Home: Office:
Mailing Address:		Postal Code:

Date of Project:	Start up:	Projected end date:
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Descriptive Project Name:	
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Project Objectives - Check off those which apply to your project

- **To develop a new program**
- **To sustain a current program**
- **To increase participation**
- **Other (Please describe)**

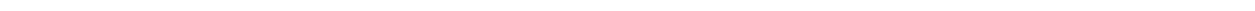
Additional Project Information:

1. What age group is this project targeting? _____ Projected # of participants _____

2. What is the goal of the project? _____

3. Who will be responsible for the administration of the program? _____

PLEASE ENSURE THAT YOU HAVE ATTACHED THE CENTRE'S MOST RECENT MONTHLY FINANCIAL STATEMENTS AND THE MEETING MINUTES INDICATING THE BOARD'S APPROVAL OF THIS PROGRAM GRANT APPLICATION



Related Project Costs: (a list of equipment and costs MUST BE ATTACHED on a separate sheet)

1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$

Total Project Cost \$ _____

Other Project Resources: (please name and indicate amount of funding ie. registration fee, grants, donations)

1.		\$
2.		\$
3.		\$
4.		\$

Total Project Income \$ _____

<i>GCWCC Programming Grant Request</i>	\$ _____
Funding up to \$20,000. per project will be considered	

Please indicate any volunteer involvement in the project: (ie. Supervisory Staff)

Comments: Please feel free to supply us with any additional information.

I/We, the undersigned hereby certify that I/we are the authorized signing officer(s) of the community centre and this application is accurate to the best of my/our knowledge.

Signature **Position** **Date**

Signature **Position** **Date**

Most recent financial statement is attached.

Meeting Minutes indicating the Board’s Approval of this Application

Please Note: Incomplete applications WILL NOT be considered.