Community Incentive Grant Program Application Form

This application will be photocopied; please print in ink or type.

1.Legal name of the organization O/A Judo Manitoba (Manitoba Black Belt Association)

2. Permanent mailing address of the Organization

Address City/Town Postal Code **#311- 145 Pacific Ave., Winnipeg, R3B 2Z6**
Organization e-mail Phone Fax email: judo@sportmanitoba.ca
Phone: 925-5691 Fax: 925-5703

3. Names of organization's representatives who will be overseeing the project

Primary Contact: **Gary Sova** Title: **Vice-President of Judo Manitoba**
Business Phone: 774-4525 Residence:269-9700 Phone Email: gsova@wsd1.org

Secondary Contact: **Dave Minuk** Title: **President of Judo Manitoba**
Business Phone: 477-0500 Residence:338-5995 Phone Email: dminuk@mts.net:

4. Year the organization was formed Organizations created solely to apply for the program are not eligible. Year 1963

5. CIGP requested amount Up to 50% of the total project cost to a maximum of $225,000 $4500.00

6. List other sources of project funding including other grants, funds on hand, and proposed fund-raising. Indicate whether or not each source of funding is confirmed.

Note: no other City funds may be used Towards the applicant's 50% share of the project cost.

Source	**Amount**	**Confirmed**
1. Inner City Judo Club Private Fund Raising	$	x_ Yes _ No
2.	$	_ Yes _ No
3.	$	_ Yes _ No
4.	$	_ Yes _ No
5.	$	_ Yes _ No
6.	$	_ Yes _ No

7. Total project cost Project costs should be supported by at least two contractor quotes or estimates. Enter the costs provided by the preferred contractor. $9,400

8. Has this project received prior funding through the Community Incentive Grant Program? _ Yes _x No

9. Project name Assign your project an accurate, descriptive name to be used in all correspondence. **Inner City Judo Mats**

10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. 110 Ellen Street (Gym)
Property owned by: Winnipeg School Division

11. Anticipated Start & End Dates Start Date: Immediately End Date: June 1, 2011

12. DetailedProjectDescription: Attached on separate sheets or use the space on back of this form. Provide a detailed description of the project which addresses the selection criteria.

Please include a description of the project objectives and how the project will accomplish those objectives, a detailed scope of work and, if possible, preliminary project plans or drawings.

APPLICANTSIGNATURES I/We hereby certify that I/we am/are the **authorized signing officer(s)** of the applying organization and this application is accurate to the best of my/our knowledge.

Signature of authorized signing officer **Gary Sova** Title: Vice President Date: April 29, 2011
Signature of authorized signing officer **Dave Minuk** Title: President Date: April 29, 2011