Community Incentive Grant Program Application Form

Winnipeg The application will be photocopied, please print in ink or type

1. Legal name of the organization	BORD-AIRE COMMUNITY CENTRE			
2. Permanent mailing address of the organization	Address: 471 Hampton St.		City/Town: Winnipeg	Postal Code: R3J 1R1
	Organization e-mail: info@bordaire.com		Phone: 888-7050	Fax: 888-7050
3. Names of organization's representatives who will be overseeing the project	Primary Contact: Kevin O'Neill		Title: President	
	Business Phone:	Residence Phone: 451-2576	Email: koneill@proenginc.ca	
	Secondary Contact: Sherri Walker		Title: Secretary	
	Business Phone:	Residence Phone: 799-4833	Email: swalker46@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			$ 34,215	

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. GCWCC Capital Grant	$ 25,685	☑ Yes ☐ No
	2. Bord-Aire CC	$ 5,200	☑ Yes ☐ No
	3. City of Winnipeg Accessibility	$ 52,000	☑ 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.	$ 117,100	
8. Has this project received prior funding through the Community Incentive Grant Program?	☐ Yes ☑ No	
9. Project name Assign your project an accurate, descriptive name to be used in all correspondence. Interior Upgrade		
10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. 417 Hampton St.	**Property owned by:** City of Winnipeg	
11. Anticipated Start & End Dates	Start Date: FEB. 2011	End Date: MAY 2011

12. Detailed Project Description: 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.

APPLICANT SIGNATURES 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	Title/Position	Date
[signature]	PRESIDENT	Oct 19/11
Signature of authorized signing officer	Title/Position	Date
[signature]	Secretary	Oct 19/11

Provide a detailed description of the planned project. Please refer to the Guide to Applicants Item 8.

the center requires a mandatory upgrade of the main floor washrooms to become handicap accessible. The current arrangement does not meet code. The center installed an accessible ramp in 2009 and this upgrade is required as part of the ramp project. The flooring will be replaced in the washroom area and it is identified that the rest of the floor in the main floor has outlived it's useful life and is need of replacement. This application is for a contribution to help the center replace the floor that is in great need of repair