Community Incentive Grant Program Application Form

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

1. Legal name of the organization	The Broadway Neighbourhood Centre		
2. Permanent mailing address of the organization	Address: 185 Young Street	City/Town: Winnipeg	Postal Code: R3C 1Y8
	Organization e-mail: info@thebnc.ca	Phone: 772-9253	Fax: 786-2653
3. Names of organization's representatives who will be overseeing the project	Primary Contact: Lawrence 'Spatch' Mulhall	Title: Executive Director	
	Business Phone: 772-9253 / Residence Phone: 999-0534	Email: spatch600@gmail.com	
	Secondary Contact: Uyen Pham	Title: Executive Assistant	
	Business Phone: 772-9253 / Residence Phone: 510-3699	Email: uyen@thebnc.ca	
4. Year the organization was formed Organizations created solely to apply for the program are not eligible.		Year: 1987	
5. CIGP requested amount Up to 50% of the total project cost to a maximum of $225,000		$ 10,000	

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. BNC	$ 758.00	☒ 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.	$ 10,758
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.

Re-tiling BNC

10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. Basement of 185 Young Street		Property owned by: City of Winnipeg
11. Anticipated Start & End Dates	Start Date: April 2012	End Date: April 2012

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: Executive Director	Date: 04/16/2012
Signature of authorized signing officer	Title/Position: Executive Assistant	Date: 04/16/2012