Community Incentive Grant Program Application Form

Winnipeg

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

1. Legal name of the organization	Charleswood Senior Centre Inc.			
2. Permanent mailing address of the organization	Address: 5006 Roblin Blvd.		City/Town: Winnipeg	Postal Code: R3R 0G7
	Organization e-mail: joanne@charleswoodseniorcentre.org		Phone: 204.897.5263	Fax: 204.953.6543
3. Names of organization's representatives who will be overseeing the project	Primary Contact: Joanne Grosko		Title: Executive Director	
	Business Phone: 204.897.5263	Residence Phone: 204.897.8444	Email: joanne@charleswoodseniorcentre.org	
	Secondary Contact: Camilla Waitt		Title: Program Manager	
	Business Phone: 204.897.5263	Residence Phone: 204.229.7761	Email: camilla@charleswoodseniorcentre.org	
4. Year the organization was formed	1999			Year: 1999
5. C.I.G.P. requested amount Up to 50% of the total project cost				$ 16,500.00

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. Charleswood Senior Centre	$ 4000	☑ 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.	$ 20,500.00
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.

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10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. 5006 Roblin Blvd.		Property owned by: City of Winnipeg
11. Anticipated Start & End Dates	Start Date: June. 30/2014	End Date: Aug. 31/2014

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
	TREASURER	6/5/14
Susan Kremer	PRESIDENT	6/5/14