Community Incentive Grant Program Application Form

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

1. Legal name of the organization	SOUTHDALE RECREATION ASSOCIATION			
2. Permanent mailing address of the organization	Address: 254 LAKEWOOD BLVD.		City/Town: WINNIPEG	Postal Code: R2J 3A2
	Organization e-mail: am @ southdale.ca		Phone: 204-257-6171	Fax: 204-254-3128
3. Names of organization's representatives who will be overseeing the project	Primary Contact: Ed CONSTANT		Title: ARENA MANAGER	
	Business Phone: 204-257-6171	Residence Phone:	Email: Southdale am @ shaw.ca	
	Secondary Contact: JOYCE WEBINGER		Title: PROGRAM MANAGER	
	Business Phone: 204-257-6171	Residence Phone:	Email: ga @ southdale.ca	
4. Year the organization was formed	APRIL 6th.			Year: 1973
5. C.I.G.P. requested amount Up to 50% of the total project cost				$ 11,250.00

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. FUNDS ON HAND	$ 11,250	☑ 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.	$ 22,500.00
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.

EAST RINK GLASS REPLACEMENT PROJECT

10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. EAST RINK 254 LAKEWOOD BLVD.		Property owned by: CITY OF WINNIPEG
11. Anticipated Start & End Dates	Start Date: JUNE 23, 2014	End Date: JUNE 27, 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
Edward Constant	ARENA MANAGER	MAY 9, 2014
Joyce Webinger	PROGRAM MANAGER	MAY 9, 2014