Community Incentive Grant Program Application Form

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

1. Legal name of the organization	CASA DOS AÇORES AZOREAN CULTURAL CENTRE OF MB INC.		
2. Permanent mailing address of the organization	Address: 1 AÇORES ST.	City/Town: WPG	Postal Code: R3B 0Y4
	Organization e-mail: joamel@mymts.net	Phone: 204-947-0049	Fax: 204-957-5499
3. Names of organization's representatives who will be overseeing the project	Primary Contact: JOAO PAULO GRAÇA MELO	Title: PRESIDENT	
	Business Phone:	Residence Phone: 204-224-4306	Email:
	Secondary Contact: CELINA ALMEIDA	Title: SECRETARY	
	Business Phone:	Residence Phone: 204-229-8027	Email:
4. Year the organization was formed			Year: 1992
5. C.I.G.P. requested amount Up to 50% of the total project cost			$ ~~26,000~~

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. CASA Dos Acores - fundraising	$ 15,000	☒ 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.	$ 41,000.00
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.

Community Hall Refurbishment

10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. 1 AÇORES STREET		Property owned by: CASA DOS AÇORES	
11. Anticipated Start & End Dates	Start Date: July 2015	End Date: Sept. 2015	

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
João Melo	PRESIDENT	MAY 16/15
Signature of authorized signing officer	Title/Position	Date
Celina de Almeida	SECRETARY	MAY 16/15