Community Incentive Grant Program Application Form

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

1. Legal name of the organization	Gateway Recreation Centre Inc		
2. Permanent mailing address of the organization	Address 1717 Gateway Road	City/Town Winnipeg	Postal Code R2G 4H1
	Organization e-mail gatewayrec1@shaw.ca	Phone 204 982-1234-1	Fax 204-982-1237
3. Names of organization's representatives who will be overseeing the project	Primary Contact Denis Van Laeken	Title General Manager	
	Business Phone 204-982-1234-1 / Residence Phone 204-489-4443	Email gatewayrec1@shaw.ca	
	Secondary Contact Tammy Harper	Title President	
	Business Phone 204-894-1548 / Residence Phone 204-889-1548	Email gatewaypres@shaw.ca	
4. Year the organization was formed			Year 1987
5. C.I.G.P. requested amount Up to 50% of the total project cost		$ 140,000.00	

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. Government of Canada	$ 355,616.00	■ Yes ☐ No
2. Gateway Recreation Centre Inc.	$ 125,000.00	■ Yes ☐ No
3. Gateway Recreation Centre Inc. Loan Guarantee-see request/bank info.	$ 209,799.60	☐ 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.	$ 830,415.60 including GST
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.

Construction of Maintenance Shop

10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. See attached		Property owned by: City of Winnipeg
11. Anticipated Start & End Dates	Start Date April 1, 2016	End Date December 31, 2016

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 President	Date Oct/22/15
Signature of authorized signing officer	Title/Position Secretary/Treasurer	Date Oct/22/15