R. F. 12

Community Incentive Grant Program Application Form

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

1. Legal name of the organization	Manitoba Printmakers Association Inc. / Martha Street Studio		
2. Permanent mailing address of the organization	Address: 11 Martha Street	City/Town: Winnipeg	Postal Code: R3B 1A2
	Organization e-mail: printmakers@mymts.net	Phone: 204 779 6253	Fax: 204 944 1804
3. Names of organization's representatives who will be overseeing the project	Primary Contact: Larry Glawson		Title: Executive Director
	Business Phone: 204 779 6253	Residence Phone: 204 477 0755	Email: director.printmakers@mymts.net
	Secondary Contact: Abi Auld		Title: Administrative Coordinator
	Business Phone: 204 779 6253	Residence Phone: 204 333-2094	Email: admin.printmakers@mymts.net
4. Year the organization was formed			Year: 1988
5. C.I.G.P. requested amount Up to 50% of the total project cost			$12,206.00

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. Manitoba Community Services Council	$ 12,206.00	☐ 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.	$ 24,412.00
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.

Martha Street Studio Revitalization Project

10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. 11 Martha Street, Winnipeg, MB		Property owned by: Martha Street Studio
11. Anticipated Start & End Dates	Start Date: April 2015	End Date: May 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
	Executive Director	Feb 4, 15
Signature of authorized signing officer	Title/Position	Date
	President	Feb 4/15