Community Incentive Grant Program Application Form

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

1. Legal name of the organization	La Maison des artistes visuels francophones		
2. Permanent mailing address of the organization	Address: 219 Provencher	City/Town: Winnipeg	Postal Code: R2H 0G4
	Organization e-mail: info@maisondesartistes.mb.ca	Phone: 204.237.5964 poste 206	Fax: n/a
3. Names of organization's representatives who will be overseeing the project	Primary Contact: Eric Plamondon	Title: Director	
	Business Phone: 204.237.5964	Residence Phone:	Email: maison@mts.net
	Secondary Contact: Reza Rezai	Title: Assistant to the Director	
	Business Phone: 204.237.5964	Residence Phone:	Email: info@maisondesartistes.mb.ca
4. Year the organization was formed			Year: 2000
5. C.I.G.P. requested amount Up to 50% of the total project cost			$ 30,000.00

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. Patrimoine Canadien	$ 74,220.00	☒ Yes ☐ No
2. Conseil des arts de Winnipeg	$ 11,880.00	☒ Yes ☐ No
3. Les Amis des arts du Manitoba	$ 7,000.00	☒ Yes ☐ No
4. Francofonds	$ 625.00	☒ Yes ☐ No
5. Conseil des arts du Canada	$ 6,000.00	☐ Yes ☒ No
6. Conseil des arts du Manitoba	$ 5,000.00	☐ 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.	$ 134,755.00
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.

Programmation 2016-17

10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. 219 Provencher		Property owned by: City of Winnipeg
11. Anticipated Start & End Dates	Start Date: Septembre 2016	End Date: Août 2017

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
	Director	
Signature of authorized signing officer: Aline Fréchette	Title/Position: trésorière	Date: 28 mai 2016