Community Incentive Grant Program Application Form

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

1. Legal name of the organization	Rainbow Resource Centre, Inc.		
2. Permanent mailing address of the organization	Address: 170 Scott Street	City/Town: Winnipeg	Postal Code: R3L 0L3
	Organization e-mail: info@rainbowresourcecentre.org	Phone: 204-474-0212	Fax: 204-478-1160
3. Names of organization's representatives who will be overseeing the project	Primary Contact: Mike Tutthill	Title: Executive Director	
	Business Phone: 204-474-0212 ext. 208 / Residence Phone: 204-226-7094	Email: miket@rainbowresourccentre.org	
	Secondary Contact: Roberta Bishop	Title: Operations Manager	
	Business Phone: 204-474-0212 ext. 208 / Residence Phone:	Email: robertab@rainbowresourcecentre.org	
4. Year the organization was formed Organizations created solely to apply for the program are not eligible.		Year: 1973	
5. CIGP requested amount Up to 50% of the total project cost to a maximum of $225,000		$ 25 000	

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.	Winnipeg Foundation, Community Grant	$ 25 000	☒ 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.	$ 50 000
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.

Positive Space Initiative, Feasibility Study

10. Project Site Address Provide a complete, accurate indication of exactly where the project is planned. A site plan is helpful. to be determined	Property owned by: Rainbow Resource Centre
11. Anticipated Start & End Dates Start Date: 2018/02/23	End Date: 2018/12/31

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 / 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	2018/03/16
Signature of authorized signing officer	Title/Position	Date
	Board President	2018/03/16