Community Incentive Grant Program (C.I.G.P.)

Application Form

Winnipeg

Please use the C.I.G.P. Application Guide to complete this form.

Part A: This application will be scanned/ copied. Please print in ink or type.

1. a) Legal name of organization. Use name that appears on your Articles of Incorporation. Old Grace Not For Profit Housing Co-operative Limited (OGHC)				**b) Year organization was formed** 2014
2. Permanent mailing address of organization	Address		City/Town Winnipeg	Postal Code
	Organization Email		Phone	Fax
3. Organization's representatives overseeing the project	Primary Contact Sandra Hardy		Title President	
	Daytime Phone	Residence Phone/Cell	Email	
	Secondary Contact Don Winstone		Title Treasurer	
	Daytime Phone	Residence Phone/Cell	Email	
4. Project name Assign your project an accurate, descriptive name to be used in all correspondence	OGHC-sponsored Car-sharing for Wolseley			
5. a) Project site address 250/254/258/262 Evanson Street, Winnipeg, MB			**b) Property owned by** Land leased from MB govt	
6. a) Project description Complete Part B of application – next pages See attached document			**b) Start date** 2018-03-01	**c) End date** 2018-06-30
7. Has this project received prior funding through the Community Incentive Grant Program?				☐ Yes ☑ No
8. Total project cost - Project costs should be supported by at least two contractor quotes or estimates. Enter the amount provided by the preferred contractor.			$ 41,300	

9. List other sources of project funding (i.e. excluding C.I.G.P.) including other grants, funds on hand, and proposed fundraising. Indicate whether or not each source of funding is confirmed.	**Source**	**Amount**	**Confirmed**
	1. Peg City Car Co-op	$ 24,780	☑ Yes ☐ No
	2.	$	☐ Yes ☑ No
	3.	$	☐ Yes ☐ No
	4.	$	☐ Yes ☐ No
	5.	$	☐ Yes ☐ No
	Total Other Funding Sources	$	

10. Amount requesting from C.I.G.P. * Note: To meet eligibility criteria, the total City of Winnipeg funding contribution (including C.I.G.P.) must be 50% or less than the total project cost.	$* $16,520
11. Total of all funding sources including C.I.G.P. (total #9 + #10) Note: This must match project costs identified in #8 above.	$ 41,300

APPLICANT SIGNATURES: I/ We hereby certify that I/we am/are the **authorized signing officer(s)** of the applying organization and that this application is accurate to the best of my/our knowledge.

Signature of authorized signing officer: Sandra Hardy	Title/ Position: President	Date: 2019-01-03
Signature of authorized signing officer: Don Winstone	Title/ Position: Treasurer	Date: 2019-01-03

*****Please complete Part B of this application*****