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. FILIPINO SENIORS GROUP OF WINNIPEG				**b) Year organization was formed** 1987
2. Permanent mailing address of organization	Address		City/Town WPG	Postal Code
	Organization Email		Phone	Fax
3. Organization's representatives overseeing the project	Primary Contact Leonardo Isla		Title President	
	Daytime Phone	Residence Phone/Cell	Email	
	Secondary Contact Aida Madridejo		Title Finance officer/Board member	
	Daytime Phone	Residence Phone/Cell	Email	
4. Project name Assign your project an accurate, descriptive name to be used in all correspondence	Euclid Stage and Studio upgrade			
5. a) Project site address 49 Euclid Ave			**b) Property owned by** Fil Seniors Grp of Winnipeg	
6. a) Project description Complete Part B of application – next pages	Audio and lights equipment improvement		**b) Start date** 4-01-21	**c) End date** 12-4-21
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.			$ 13,000	

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. Filipino Senior group of winnipeg	$3,000	☑ 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.	$* 10,000
11. Total of all funding sources including C.I.G.P. (total #9 + #10) Note: This must match project costs identified in #8 above.	$ 13,000

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:	Title/ Position: President	Date: 03-04-21
Signature of authorized signing officer:	Title/ Position: Treasurer	Date: 03-04-21

Please complete Part B of this application