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. ST VITAL MUSTANGS INC			**b) Year organization was formed** 1975
2. Permanent mailing address of organization	Address [redacted]	City/Town WINNIPEG	Postal Code [redacted]
	Organization Email [redacted]	Phone [redacted]	Fax [redacted]
3. Organization's representatives overseeing the project	Primary Contact CRAIG BACHYNSKI		Title PRESIDENT
	Daytime [redacted] Residence [redacted]		[redacted]
	Secondary Contact LISA THOMAS		Title DIRECTOR OF FINANCE
	Daytime [redacted] Residence [redacted]		[redacted]
4. Project name Assign your project an accurate, descriptive name to be used in all correspondence	Property and Liability Insurance Reimbursement		
5. a) Project site address 100 FROBISHER ROAD, WPG, MB, R2N 3Z1		**b) Property owned by** CITY OF WINNIPEG	
6. a) Project description Complete Part B of application – next pages		**b) Start date** 04/12/2021	**c) End date** 04/11/2022
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.		$ 17,634.45	

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.	$	☐ 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.	$* 17,634.45
11. Total of all funding sources including C.I.G.P. (total #9 + #10) Note: This must match project costs identified in #8 above.	$ 17,634.45

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: 04/15/2021
Signature of authorized signing officer: L Thomas	Title/ Position: DIRECTOR OF FINANCE	Date: 04/15/2021

Please complete Part B of this application