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. Fort Rouge Co-op Day Nursery Inc.				**b) Year organization was formed** 1974
2. Permanent mailing address of organization	Address		City/Town Winnipeg	Postal Code
	Organization Email		Phone	Fax n/a
3. Organization's representatives overseeing the project	Primary Contact Susan Moscovitch		Title Executive Director	
	Daytime Phone	Residence Phone/Cell	Email	
	Secondary Contact Skye Strong		Title Assistant Director	
	Daytime Phone	Residence Phone/Cell	Email	
4. Project name Assign your project an accurate, descriptive name to be used in all correspondence	New Commercial Dishwasher			
5. a) Project site address			**b) Property owned by** St. Lukes Anglican Church	
6. a) Project description Complete Part B of application – next pages	New commercial dishwasher to meet pu		**b) Start date** December 3	**c) End date** December 3, 2
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.			$ 6000.00	

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.	$* 6000.00
11. Total of all funding sources including C.I.G.P. (total #9 + #10) Note: This must match project costs identified in #8 above.	$ 6000.00

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: Board Co-Chair	Date: November 30, 2021
Signature of authorized signing officer:	Title/ Position: Executive Director	Date: Nov. 30/21

Please complete Part B of this application