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. Islamic Social Services Association				**b) Year organization was formed**
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 Shahina Siddiqui		Title Executive Director	
	Daytime Phone	Residence Phone/Cell	Email	
	Secondary Contact Sarah Parkar		Title Executive Assistant	
	Daytime Phone	Residence Phone/Cell	Email	
4. Project name Assign your project an accurate, descriptive name to be used in all correspondence	Hiring a Coordinator to work on establishing Muslim Mental Health Institute			
5. a) Project site address			**b) Property owned by** ASH Managemnet Group	
6. a) Project description Complete Part B of application – next pages	Please see attached word Documnet		**b) Start date** July 1, 2022	**c) End date** June 30, 2023
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.			$ 50000.00	
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. TD Bank		$ $25000.00	☑ Yes ☐ No
	2.		$	☐ Yes ☐ No
	3.		$	☐ Yes ☐ No
	4.		$	☐ Yes ☐ No
	5.		$	☐ Yes ☐ No
	Total Other Funding Sources $25000.00		$	
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.			$* $25,000.00	
11. Total of all funding sources including C.I.G.P. (total #9 + #10) Note: This must match project costs identified in #8 above.			$ $50000.00	

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: Shahina Siddiqui	Title/ Position: Executive Director	Date: May 12, 2022
Signature of authorized signing officer: Hibmige	Title/ Position: Treasurer	Date: May 12, 2022

Please complete Part B of this application