

Community Incentive Grant Program (CIGP) Application Form



Please use the CIGP 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. ISLAND LAKES RESIDENTS' GROUP INC.		b) Year organization was formed 1989	
2. Permanent mailing address of organization	Address [REDACTED]	City/Town WINNIPEG, MB	Postal Code R3X 1G4
	Organization Email [REDACTED]	Phone [REDACTED]	Fax N/A
3. Organization's representatives overseeing the project	Primary Contact LINDSEY J. WILSON	Title CHAIRMAN	
	Daytime Phone [REDACTED]	Residence Phone/Cell SAME	Email [REDACTED]
	Secondary Contact [REDACTED]	[REDACTED]	
	Daytime Phone [REDACTED]	Residence Phone/Cell [REDACTED]	Email [REDACTED]
4. Project name Assign your project an accurate, descriptive name to be used in all correspondence Lindsey Wilson Park Tennis Courts Rehabilitation			
5. a) Project site address 379 Island Shore Blvd.		b) Property owned by City of Winnipeg	
6. a) Project description Complete Part B of application – next pages		b) Start date 05/11/26	c) End date 06/30/26
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.		\$ 166,578.83	
9. List other sources of project funding (i.e. excluding CIGP) including other grants, funds on hand, and proposed fundraising. Indicate whether or not each source of funding is confirmed.	Source	Amount	Confirmed
	1. Building Sustainable Communities Grant	\$ 25,000.00	☒ Yes ☐ No
	2. Land Dedication Reserve Fund	\$ 14,698.83	☒ Yes ☐ No
	3. Island Lakes Residents Group	\$ 6,880.00	☒ Yes ☐ No
	4.	\$	☐ Yes ☒ No
	5.	\$	☐ Yes ☒ No
Total Other Funding Sources		\$ \$46,578.83	
10. Amount requesting from CIGP * Note: To meet eligibility criteria, the total City of Winnipeg funding contribution (including CIGP) must be 50% or less than the total project cost.		\$* \$120,000.00	
11. Total of all funding sources including CIGP (total #9 + #10) Note: This must match project costs identified in #8 above.		\$ \$166,578.83	
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: CHAIRMAN	Date: SEPT 30, 2025
Signature of authorized signing officer:		Title/ Position:	Date:

Please complete Part B of this application