

# Community Incentive Grant Program Application Form



Please use the Community Incentive Grant Program Application Guide to complete this form. Incomplete applications will not be reviewed.

**Privacy Statement:** Personal information is collected under and protected by S. 36(1)(b) of The Freedom of Information and Protection of Privacy Act. Personal information will be used to support the administration of the City of Winnipeg's Community Centre Renovation Grant Program, including the grant application intake, review and award processes. If you have any questions about the collection of this information, contact the Corporate Access and Privacy Officer by mail to City Clerk's Department, Susan A. Thompson Building, 510 Main Street, Winnipeg MB, R3B 1B9, or by telephone at 311.

## Part A: This application will be scanned/ copied. Please print in ink or type.

|                                                                                                                                                                                                                                         |                                             |                                                        |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|
| <b>1. a) Legal name of organization.</b> Use name that appears on your Articles of Incorporation.<br><b>Fort Garry Community Centre Inc.</b>                                                                                            |                                             | <b>b) Year organization was formed</b>                 |                                                                     |
| <b>2. Permanent mailing address of organization</b>                                                                                                                                                                                     | Address<br><b>880 Oakenwald Avenue</b>      | City/Town<br><b>Winnipeg</b>                           | Postal Code<br><b>R3T 1N1</b>                                       |
|                                                                                                                                                                                                                                         | Organization Email                          |                                                        | Phone                                                               |
| <b>3. Organization's representatives overseeing the project</b>                                                                                                                                                                         | Primary Contact<br><b>Sean Sedlacek</b>     |                                                        | Title<br><b>General Manager</b>                                     |
|                                                                                                                                                                                                                                         | Daytime Phone                               | Residence Phone/Cell                                   | Email                                                               |
|                                                                                                                                                                                                                                         | Secondary Contact<br><b>Marshall Kirton</b> |                                                        | Title<br><b>Board Chair</b>                                         |
|                                                                                                                                                                                                                                         | Daytime Phone                               | Residence Phone/Cell                                   | Email                                                               |
| <b>4. Project name</b> Assign your project an accurate, descriptive name to be used in all correspondence<br><b>FGCC Victoria Site - Tractor Replacement</b>                                                                            |                                             |                                                        |                                                                     |
| <b>5. a) Project site address</b><br><b>80 Derek Street</b>                                                                                                                                                                             |                                             | <b>b) Property owned by</b><br><b>City of Winnipeg</b> |                                                                     |
| <b>6. a) Project description</b><br>Complete Part B of application – next pages                                                                                                                                                         |                                             | <b>b) Start date</b><br><b>07/13/26</b>                | <b>c) End date</b><br><b>08/14/26</b>                               |
| <b>7. Has this project received prior funding through the Community Incentive Grant Program?</b>                                                                                                                                        |                                             |                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>8. Total project cost</b> - Project costs should be supported by at least two contractor quotes or estimates. Enter the amount provided by the preferred contractor.                                                                 |                                             | \$ <b>59,416.00</b>                                    |                                                                     |
| <b>9. List other sources of project funding</b> (i.e. excluding Community Incentive Grant Program) including other grants, funds on hand, and proposed fundraising.<br><br>Indicate whether or not each source of funding is confirmed. | <b>Source</b>                               | <b>Amount</b>                                          | <b>Confirmed</b>                                                    |
|                                                                                                                                                                                                                                         | 1.                                          | \$                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                                                                                                                                                                                         | 2.                                          | \$                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                                                                                                                                                                                         | 3.                                          | \$                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                                                                                                                                                                                         | 4.                                          | \$                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                                                                                                                                                                                         | 5.                                          | \$                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
|                                                                                                                                                                                                                                         | Total Other Funding Sources                 | \$<br><b>0</b>                                         |                                                                     |
| <b>10. Amount requesting from the Community Incentive Grant Program</b><br>Note: To meet eligibility criteria, the total City of Winnipeg funding contribution must be 50% or less than the total project cost.                         |                                             | \$<br><b>59,416.00</b>                                 |                                                                     |
| <b>11. Total of all funding sources including Community Incentive Grant Program</b><br>Note: Total #9 + #10. This must match project costs identified in #8 above.                                                                      |                                             | \$<br><b>59,416.00</b>                                 |                                                                     |
| <b>APPLICANT SIGNATURES:</b> I/ We hereby certify that I/we am/are the <b>authorized signing officer(s)</b> of the applying organization and that this application is accurate to the best of my/our knowledge.                         |                                             |                                                        |                                                                     |
| Signature of authorized signing officer:<br>                                                                                                                                                                                            |                                             | Title/ Position:<br><b>Board Chair</b>                 | Date:<br><b>06/17/26</b>                                            |
| Signature of authorized signing officer:<br>                                                                                                                                                                                            |                                             | Title/ Position:<br><b>Treasurer</b>                   | Date:<br><b>06/17/26</b>                                            |

\*\*\*Please complete Part B of this application\*\*\*