

Sport, Culture, Heritage and Tourism

COMMUNITY MUSEUM PROJECT SUPPORT – Application Form

Reference Number (for office use only): _____

Name of registered non-profit organization (payments will be issued in this name):

Status of Museum: Incorporated Non-profit Operated by a Historical Society
 Operated by a Local Government or Indigenous Government

Date of Incorporation, By-law or Band Council Resolution: _____

How long has organization been in existence? (Minimum of 1 year required): _____

Mailing Address

(street, city, province, postal code): _____

1st Contact Person and Title: _____

Phone #:

Email: _____

2nd Contact Person and Title: _____

Phone #:

Email: _____

Project Title: _____

Project Start and End Dates: _____

Grant Amount Requested (see guidelines for maximum of eligible costs): \$ _____

Is your project aligned with (check at least one):

- Reconciliation
- Equity, diversity, accessibility or inclusion
- COVID-19 recovery
- Collections management

Answer the following questions in a separate document:

- State the mission and mandate of your organization.
- Provide a detailed description of your project. Identify the need for the project, impact on the community, and how the project is achievable within the project timelines and proposed budget.
- Explain how your project meets the Community Museum Project Support program objectives and aligns with the priorities of reconciliation, equity, diversity, accessibility or inclusion, COVID-19 recovery, and/or collections management.

Required Supporting Information:

- A copy of the organization's incorporation papers; By-laws and/or Band Council Resolutions;
- An annual report of activities and financial statement for the previous year;
- A statement of the organization's plans and operating budget for the current year in progress;
- A list of the museum's current board members and staff;
- A completed project budget form; and
- A completed application form and signed declaration.

Project Budget Form: (please complete form or submit your project budget on a separate sheet)

Project Expenses (please attach information if additional space is required)		Application Budget
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Eligible Project Expenses		\$

Amount of Grant Requested from the Community Museum Project Support Program (to a maximum of \$25,000.00)	\$
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Project Funding from Other Sources (if applicable)		Application Budget
Earned Revenues	Admissions, memberships and public programs	\$
	Sale of goods and services, merchandising	\$
	Other (Specify)	\$
		\$
Private Sector	Donations	\$
	Sponsorships	\$
	Foundations	\$
	Fundraising Events	\$
Public Sector	Federal Government (Specify)	
		\$
		\$
	CMPS Grant Request	\$
	Other Provincial Grants (Specify)	
		\$
		\$
	Municipal or Indigenous Government (Specify)	
	\$	
Other Revenues (Specify)		\$
		\$
		\$
In-Kind/ Donations	Volunteer Labour (hours x average rate)	\$
	Donated Materials	\$
	Loaned Equipment (hours x rental base)	\$
Total Project Value		\$

DECLARATION:

We, the undersigned:

- have read and understood the program guidelines and understand that failure to comply with these guidelines may result in forfeiture of the grant and may jeopardize consideration of future grant requests;
- understand that if this application is successful, my organization will receive a first installment of up to 90 per cent of the approved amount and that by accepting this payment, we agree to:
 - spend the funds as proposed and approved (the Government of Manitoba requires repayment of funds not used for the proposed and approved purposes);
 - notify their consultant as soon as possible to seek appropriate approval in the event of changes to the size, scope or dates of the project;
 - acknowledge the assistance of Manitoba Sport, Culture, Heritage and Tourism in all promotional materials for which support was provided; and
 - complete a narrative and financial final report using the form provided by the department and submit it within 60 days of completion of the project.
- certify the statements and information contained in this application are accurate and complete.

Signature of 1st Contact

Date

Signature of 2nd Contact

Date

FOR OFFICE USE ONLY

Signature (Consultant/Regional Manager)

Date