

# PROGRAM SUPPORT GRANT

Application Deadline Tuesday November 13, 2018



WINNIPEG  
ARTS COUNCIL

## REGISTRATION FORM

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Registered Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Charitable Tax Number: \_\_\_\_\_

Administrative Head of Organization Name: \_\_\_\_\_

Position: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Governance Head of Organization Name: \_\_\_\_\_

Position: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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Grant amount requested: \$ \_\_\_\_\_ in each of 2019 and 2020

Total attendance (all activities) in most recently-completed year \_\_\_\_\_

Total operating revenues on financial statements, most recently-completed year: \$ \_\_\_\_\_

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**DECLARATION:** On behalf of and with the authority of the organization or collective named above, in signing this application we certify that:

- we have carefully read the eligibility criteria for this program described in the guidelines. Our organization/collective and our project meet these criteria.*
- we accept the conditions of this program as outlined in the guidelines and agree to abide by the Winnipeg Arts Council's decision.*
- we have submitted all overdue final reports for previous Winnipeg Arts Council grants. We understand that this application will be considered ineligible if final reports are outstanding.*
- We agree that if a grant is awarded, we accept responsibility for ensuring that the activities for which funding is received are completed in the manner described in this application*
- we confirm that the information provided herein is accurate and complete and we are authorized to make an application on behalf of this organization.*

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Signature - Administrative Head

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Name & Title (Print)

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Signature - Board Chair

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Name & Title (Print)

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## APPLICATION CHECKLIST

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Applicant: \_\_\_\_\_

Ensure your application contains all of the information listed below. Where forms are provided they **must** be used; other materials must be printed on single-sided white 8.5” x 11” paper, clearly labeled and submitted **in the following order**.

Please do not staple or bind applications in any way.

<input type="checkbox"/> Section 1	Completed Registration Form and Application Checklist (Using the forms provided)
<input type="checkbox"/> Section 2	Organizational Overview (2 pages max.)
<input type="checkbox"/> Section 3	Statistics, Staff, and Board list (using the form provided)
<input type="checkbox"/> Section 4	Programming Plan (2 pages max.)
<input type="checkbox"/> Section 5	Annual Budget Outline (Using the form provided)
Section 6	Deficit Reduction Plan/Detailed Information on Surplus Funds: <input type="checkbox"/> attached, or <input type="checkbox"/> we do not have an accumulated surplus or deficit
<input type="checkbox"/> Section 7	Support Material
<input type="checkbox"/> Section 8a	Public Relations Images (in digital form)
<input type="checkbox"/> Section 8b	Public Relations Image Credits (Using the form provided)
<input type="checkbox"/> Section 9	Most Recent SIGNED Annual Financial Statements





PROGRAM SUPPORT GRANT ANNUAL BUDGET OUTLINE

Applicant: \_\_\_\_\_

**Revenues**

2017-18	2018-19	2019-20
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**Earned Revenue**

Box Office

Rentals, Sales, and Commissions

Memberships

Investment Income

Other (specify): \_\_\_\_\_


**Private Sector**

Individual Donations

Corporate Donations & Sponsorship

Foundations (specify): \_\_\_\_\_

Fundraising

In Kind (if applicable)


**Government**

Canada Council for the Arts

Other Federal Government (specify): \_\_\_\_\_

Manitoba Arts Council

Other Provincial Government (specify): \_\_\_\_\_

Winnipeg Arts Council

Other Municipal (specify): \_\_\_\_\_

Other Income (specify): \_\_\_\_\_


**Total Revenues**

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**Expenses**

Artist Fees / Salaries / Honoraria

Production / Exhibition expenses

Administrative Salaries / Fees / Honoraria

Marketing

Fundraising

Administration / Office

Other expenses (specify): \_\_\_\_\_

**Total Expenses**

**Cash surplus / Deficit for year**


**Accumulated surplus / deficit, start of year**

**Accumulated surplus / deficit, end of year**

(Must match financial statements)


