

PROGRAM SUPPORT GRANT

Application Deadline Tuesday November 24, 2020



WINNIPEG
ARTS COUNCIL

REGISTRATION FORM

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: _____

Grant amount received in 2020: \$ _____

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

Does the organization have a Board-approved strategic plan? Yes No

Years covered by the current plan: _____ to _____

Please provide the following statistics for all activities conducted by organization in 2020 (or in your 2019-20 season, as applicable)

Number of members/subscribers:	
Number of volunteers:	
Total audience/attendance - PAID:	
Total audience/attendance - UNPAID:	
Average ticket price:	
Number of events/performances HELD:	
Number of events/performances CANCELLED:	
Number of members/subscribers:	
Number of artists employed:	

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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 meets 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 any 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.*

Signature - Administrative Head

Name & Title (Print)

Signature - Board Chair

Name & Title (Print)

APPLICATION CHECKLIST:

<input type="checkbox"/> Section 1	Grant Registration Form & Checklist
<input type="checkbox"/> Section 2	Organizational Profile <i>(1 page max.)</i>
<input type="checkbox"/> Section 3	Leadership <i>(1 page max.)</i>
<input type="checkbox"/> Section 4	Program Plan <i>(2 pages max.)</i>
<input type="checkbox"/> Section 5	Covid Planning <i>(1 page max.)</i>
<input type="checkbox"/> Section 6	Equity, Diversity & Inclusion <i>(1 page max.)</i>
<input type="checkbox"/> Section 7	Climate Change <i>(1 page max.)</i>
<input type="checkbox"/> Attachment 1	Staff List
<input type="checkbox"/> Attachment 2	Board of Directors list
<input type="checkbox"/> Attachment 3	Most recent financial statements AND, 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"/> Attachment 4	Publicity images