

PROJECT GRANT PROGRAM

Application Deadline February 4, 2020



WINNIPEG
ARTS COUNCIL

REGISTRATION FORM

Applicant is (*check one*) An Organization A Collective

Applicant: _____

Contact Name: _____ Position: _____

Address: _____

Postal Code: _____ Phone: _____

Contact E-mail: _____

Website: _____

Organizations: Date of Incorporation: _____ Charitable Tax Number: _____

Grant requested: \$ _____ (maximum \$10,000) Total Project Budget: \$ _____

Grant Period: *This project will begin on (d/m/y): _____ and finish on (d/m/y): _____*
Grant period may not begin prior to May 5, 2019 and must be completed within 18 months.

Project Title and Summary: (*To identify your application; 25 words max.*)

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 confirm that the information provided herein is accurate and complete and we are authorized to make an application on behalf of this organization.*

Signature - Senior Administrative
Representative or Collective Member

Name & Title (Print)

Signature - Senior Board Representative
or Collective Member

Name & Title (Print)

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APPLICATION CHECKLIST

Applicant: _____

Ensure your application contains all of the information listed below. Materials must be printed on single-sided white 8.5" x 11" paper, clearly labeled and submitted in the following order:

<input type="checkbox"/> Section 1	Completed Registration Form and Application Checklist (Using the forms provided)	<input type="checkbox"/> Section 6	Annual Budget Outline (Using the form provided)
<input type="checkbox"/> Section 2	Detailed Project Description (2 pages max.)	Section 7	Deficit Reduction Plan/ 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 3	Artist Bios (2 pages max.)	<input type="checkbox"/> Section 8	Support Material Documentation (Using the form provided)
<input type="checkbox"/> Section 4	Detailed Project Budget (Using the form provided)	<input type="checkbox"/> Section 9	USB stick with support material
<input type="checkbox"/> Section 5a	Organizational/Collective Profile (Using the form provided)	<input type="checkbox"/> Section 10	Most Recent Financial Statements
<input type="checkbox"/> Section 5b	Organization's mandate, mission and activities OR description of the Collective and artistic oversight plan (2 pages max.)	Section 11	Articles of Incorporation: <input type="checkbox"/> attached, or <input type="checkbox"/> previously submitted



Applicant: _____

BUDGET TEMPLATE: Revenues	Proposed Project application BUDGET			Revised BUDGET	Final Report only ACTUALS
	\$	%	Confirmed?		
REVENUES					
<i>Earned Revenues (specify)</i>					
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
<i>Fundraising (specify)</i>					
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
<i>Grants (specify)</i>					
WINNIPEG ARTS COUNCIL PROJECT GRANT					
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
<i>Private Sector: sponsorships, donations, advertising (specify)</i>					
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
<i>In-Kind (specify)</i>					
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
<i>Other (specify)</i>					
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
			<input type="checkbox"/> yes		
Total Revenues		100%			
Total Expenses (detailed on next page)		100%			
SURPLUS (DEFICIT) <i>**Revenues must equal expenses with a zero balance**</i>					

Please note that this grant program is intended to provide partial support to projects that can demonstrate evidence of broad support through other sources of revenue. This may include sales and other earned revenues, financial support from audiences, donations, revenues-in-kind, the private sector, and funds from other levels of government).



Applicant: _____

BUDGET TEMPLATE: Expenses	Proposed Project application BUDGET			Revised BUDGET	Final Report only ACTUALS
	\$	%			
(detailed on previous page) Total Revenues		100%			
EXPENSES					
<i>Artist Fees (specify)</i>					
<i>Production (specify)</i>					
<i>Administration/Project Coordination (specify)</i>					
<i>Media/Promotion (specify)</i>					
<i>Other (specify)</i>					
Total Expenses					
SURPLUS (DEFICIT) <i>**Revenues must equal expenses with a zero balance**</i>					

What percentage of your current overall annual budget
does this project represent? _____ %



Applicant: _____

	ACTUALS		PROJECTED	
	Last year as shown on financial statements		Current year	
<i>Indicate Year:</i>				
REVENUES				
	\$	%	\$	%
<i>Earned Revenues</i>				
Box Office				
Rentals, Sales, Commissions				
Memberships				
Investment Income				
Other (specify):				
Other (specify):				
<i>Private Sector</i>				
Individual Donations				
Corporate Donations & Sponsorship				
Foundations (specify):				
Fundraising				
In kind				
<i>Grants</i>				
Canada Council for the Arts				
Other Federal Government				
Manitoba Arts Council				
Other Provincial Government				
Winnipeg Arts Council				
Other municipal (specify):				
Total Revenues		100%		100%
EXPENSES				
	\$	%	\$	%
Artist Fees / Salaries / Honoraria				
Production / Exhibition Expenses				
Administrative Salaries / Fees / Honoraria				
Marketing				
Fundraising				
Administration / Office				
Other (specify):				
Other (specify):				
Other (specify):				
Total Expenses		100%		100%
SURPLUS (DEFICIT) AT YEAR END				
SURPLUS (DEFICIT) AT BEGINNING OF YEAR				
ACCUMULATED SURPLUS (DEFICIT)				

Applicant: _____

Applicants may submit up to three items of support material. All support materials must be documented on this page and clearly marked with the applicant's name, the work's title, and any special instructions. Materials not listed on this sheet or in excess of the allowable limits will not be presented to the jury.

Please list only one item in each chart and note that only **three items will be accepted** as defined above (i.e. five digital images = one item). Check the box corresponding to the appropriate medium in the first column and then fill in the rest of the information on the line as required. A chart for the submission of digital images is found on the next page.

ITEM #1: List only one item in this table. Detail for digital images should be listed on the following page

Medium (check one)	Running time / Length	Date Produced	Title	Applicant's Role in Production	Viewing instructions / Additional Information
<input type="checkbox"/> Print	____pages (Max. 10pp)				
<input type="checkbox"/> Audio/Video	____mins. (Max. 4:00)				
<input type="checkbox"/> Webart					
<input type="checkbox"/> Digital Images	<i>Information for up to five digital images is provided on the following page.</i>				

ITEM #2: List only one item in this table. Detail for digital images should be listed on the following page

Medium (check one)	Running time / Length	Date Produced	Title	Applicant's Role in Production	Viewing instructions / Additional Information
<input type="checkbox"/> Print	____pages (Max. 10pp)				
<input type="checkbox"/> Audio/Video	____mins. (Max. 4:00)				
<input type="checkbox"/> Webart					
<input type="checkbox"/> Digital Images	<i>Information for up to five digital images is provided on the following page.</i>				

ITEM #3: List only one item in this table. Detail for digital images should be listed on the following page

Medium (check one)	Running time / Length	Date Produced	Title	Applicant's Role in Production	Viewing instructions / Additional Information
<input type="checkbox"/> Print	____pages (Max. 10pp)				
<input type="checkbox"/> Audio/Video	____mins. (Max. 4:00)				
<input type="checkbox"/> Webart					
<input type="checkbox"/> Digital Images	<i>Information for up to five digital images is provided on the following page.</i>				



Applicant:

Only list digital images which have been included as part of the allowable three items of support material on the preceding page.

	No	Date Produced	Title	Medium	Dimensions	Additional Information
Support Material Item #	1					
	2					
	3					
	4					
	5					
Support Material Item #	6					
	7					
	8					
	9					
	10					
Support Material Item #	11					
	12					
	13					
	14					
	15					