

# RESTART ORGANIZATIONAL DEVELOPMENT GRANT



## REGISTRATION FORM

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

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Grant Amount requested: \_\_\_\_\_ (max. \$1,000) Total Project Cost: \_\_\_\_\_

### Project Summary:

On a separate sheet, provide additional details about your plan including who is involved, how it will benefit your organization's development, and what the expected costs are. See the program guidelines for more details.

Email this form along with the additional sheet to Dominic Lloyd, Program & Arts Development Manager at [dom@winnipegarts.ca](mailto:dom@winnipegarts.ca).

Applications will be assessed on a funds-available basis until Friday, December 10, 2021.

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

- I have carefully read the eligibility criteria for this program described in the guidelines. Our organization meets the criteria.*
  - I accept the conditions of this program as outlined in the guidelines and agree to abide by the Winnipeg Arts Council's decision.*
  - The organization has no outstanding reports for previous Winnipeg Arts Council grants. I understand that this application will be considered ineligible if reports are outstanding.*
  - I confirm that the information provided herein is accurate and complete and I am authorized to make an application on behalf of this organization.*
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Signature

Name

Date