

# Hometown Manitoba 2016

**Legal Name of Applicant**

**Mailing Address**

**Phone**

**Fax**

**Email**

**Contact Name**

**Phone**

**Project Title**

**Project Location**

**Project Start Date**

**Completion Date**

**Community Partners**

**Letters of support / Resolution of Council attached**

**Project description and how it will enhance the community** (to be completed for all program categories):

(if space is insufficient, please attach additional pages)

**Indicate the component you are applying for. If you are applying for more than one component, please submit a separate application for each. [Click here for link to component descriptions.](#)**

Meeting Places

Main Streets Enhancements

Tree Planting

**Use this worksheet to help prepare your application.**

Source of Funds	\$ Contribution		Project Costs	\$ Amount
	In Kind	Cash		
Applicant			Materials/Supplies	
Municipality			Equipment Rentals	
Community Partner(s)			Development/Building Permit	
Other			Utility Hookup	
- Meeting Places (1/3 to a max of \$5,000) or - Main Streets Enhancements (1/2 to a max of \$1,000) or - Tree Planting (1/2 to a max of \$5,000)			Building/Structure Upgrades	
			Contractor/Trade Fees	
			Public Art/Landscaping	
<b>Total A</b>			<b>Total B</b>	

**Note:** Total A and Total B must balance

1. How will the project advance your community's identity or theme? (if applicable)

2. What type of community support is there for your project and how will the project build community pride and citizen involvement?

3. How will the project enhance the appearance/greening and use of community gathering places and encourage building upgrading in your "main street" area?

4. How will the project promote the use of local products, services and talent?

5. As a partner/applicant how many project hours of in-kind work are you contributing?

If approved, I/we agree to display a program sign recognizing Hometown Manitoba's participation in the community enhancement project.

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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please submit completed form to:** Paige McDougall      Fax: (204) 523-5272      E-mail: [paige.mcdougall@gov.mb.ca](mailto:paige.mcdougall@gov.mb.ca)  
MAFRD  
Box 190  
Killarney MB R0K 1G0

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