

Arts, Culture and Sport in Community Fund

COMMUNITY CELEBRATIONS GRANT APPLICATION

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(Note: The personal information collected using this form is required for the administration of the Arts, Culture and Sport in Communities Fund of Manitoba Sport, Culture and Heritage and may be shared with the program’s technical advisors and other government departments/agencies with interests in your project. Information will not be disclosed to any other third parties except as allowed by *The Freedom of Information and Protection of Privacy Act.*)

Application must be completed in Adobe Reader or Acrobat. Do not use a web browser.

Application Checklist

- Completed Application Form** – all fields/signatures required including budget

- Governing Documents for Incorporated Nonprofits and Registered Charities**
 - Incorporation OR Charitable Registration # _____ (must be in good standing with the Companies Office or Canada Revenue Agency respectively)
 - Not applicable
 - List of executive and board members

- Governing documents for Unincorporated Nonprofits must provide proof of authenticity.**
 - List of executive and board members
 - Attach two of any of the following:
 - Minutes from your three most recent meetings
 - Last three months of bank statements
 - Letter from an affiliated entity and length of relationship with that entity (school board, municipality)
 - Dates, activities, location and participant rates of public events and activities hosted by your organization in past 12 months
 - Sample of promotional material from at least one past hosted event (handbill, poster, advertisement etc.)

- Letter(s) of support from local government(s), community partners or key stakeholders** (optional)

SECTION A - APPLICANT INFORMATION

Name of Applicant (Legal Name of Organization): _____
Operating Name (if different than above): _____
Incorporation date or Business # (if applicable) _____

Organization Mailing Address

Street or P.O. Box: _____
City or Town: _____
Postal Code: _____
Email (if available): _____
Phone number: _____

Contact Information

	Primary Project Contact	Secondary Contact
Name:	_____	_____
Position:	_____	_____
Phone Number:	_____	_____
Email:	_____	_____

Organization Description

1. Briefly describe the mission, mandate or purpose of your organization. (limit 1,000 characters)

2. Briefly describe the current activities of your organization.
What are your programs/services, who do you serve? (limit 1,000 characters)

3. What is your organization's current annual operating budget? _____

SECTION B - EVENT INFORMATION

Event Title: _____

Event Location (if different from current organization address):

Event Timeline: Start date (yyyy/mm/dd): _____ End Date (yyyy/mm/dd): _____

Total Funding Request from ACSC: \$ _____

Event Description

4. Describe your event. Is it a one-time or an annual event? Include planning timelines, accessibility, cost of admission, types of activities, entertainment and performers to be featured, the benefits of the event for the community etc. (limit 1,500 characters)

5. What are the goals of your event? How will you know your event was successful? (1,000 characters)

6. What is the status of the required/applicable permits for your event:

- We have obtained applicable permits for the event
- We have applied for permits, but not received approval to date
- We have inquired and permits are required, and will be applied for
- We have inquired and permits are not required

7. Describe the roles and responsibilities needed to host the event. How will your organization fill these roles including the role of volunteers? (limit 500 characters)

8. If your fundraising falls short of your goals, how will you proceed with your project? (limit 1,000 characters)

Community Need and Benefit

9. Describe who will benefit from your event. How will it impact your target population?
Examples: neighbourhood, region, underserved community, age group, equity seeking group, ethnocultural community, etc. (limit 700 characters)

10. How does your event provide unique opportunities for cultural exchange and celebration, or promote inclusion and belonging among Manitobans? How is your event different from other similar events hosted in your area, if applicable. (limit 500 characters)

11. How and where will your event be promoted? (limit 500 characters)

Community Support and Engagement

12. List and describe the role of any community partners/collaborations involved in this project.
(limit 500 characters)

13. What is the anticipated participation in your event?

Community	Anticipated Numbers
Artists / performers	
Other special guests	
Audience members / visitors / participants	
Volunteers	
Other	

The Department of Sport, Culture and Heritage may request additional information considered necessary to assess your application.

Ineligible Costs:

Alcohol, alcohol and gambling permits, prizes, creation/production/distribution of souvenirs for resale, capital related expenses, costs incurred prior to receipt of ACSC application, and other ineligible costs.

Ineligible Cost	Amount
Subtotal Ineligible Costs	

Total Project Costs

TOTAL PROJECT COSTS	
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Project Revenues

Include ACSC grant request, applicant’s contribution, as well as federal, municipal or other Manitoba Government sources, community or private foundations, sponsorships, donations, earned revenues, etc.) Identify if revenue is *confirmed* or *anticipated*. Include Donated Goods and Services.

Revenue Source	\$ Anticipated	\$ Confirmed	Amount
ACSC Grant Requested (up to 100% of eligible costs to a maximum of \$5,000)			
Total Project Revenues			

SECTION D - DECLARATION OF APPLICANT

Letter(s) of support from local government(s) is attached.

I hereby certify that I have read, understood, and remain in compliance with the ACSC Program Guidelines (Terms and Conditions).

I understand that signing or typing my name below constitutes a legal signature. I hereby certify that I am an authorized signing officer of the organization, that this application is accurate to the best of my knowledge, and that the information contained in this application is endorsed by the organization that I represent. I also agree to provide further information as requested by Manitoba as part of the ACSC.

I acknowledge and consent to sharing this information with program reviewers, technical advisors and other agencies with interests in my project.

Signature

Date

Name (please print)

Please submit application to acsc@gov.mb.ca with the subject line:

“ACSC Application – Community Celebrations Grant”