

## Non-Profit Community Bed Bug Grant Program Application Form

This grant provides **community-based, non-profit organizations** with funding for bed bug treatment/management, prevention and education.

*Please complete all sections in full. Incomplete applications will result in processing delays.*

### ORGANIZATION INFORMATION

Organization name: \_\_\_\_\_

Organization mailing address: \_\_\_\_\_

Property addresses requesting funding (if different from above):

Name and title of contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization type (check all that apply):

- non-profit organization. Specify \_\_\_\_\_
- licensed child care facility;
- other \_\_\_\_\_

Identify and briefly describe the programs and/or services that your organization provides:

Identify and briefly describe the target population served by your organization:

**SECTION 2 FUNDING REQUEST**

Determination of grant amounts will be based on the following program guidelines;

- Each application can access up to \$2,000 for eligible expenses or up to \$3,000 for industrial washer and/or dryer.
- Each location can access up to \$2,000 for eligible expenses or up to \$3,000 for industrial washer and/or dryer.
- Total grants will not exceed \$9,000 per organization annually.

How much funding is your non-profit organization applying for with this application ? \_\_\_\_\_

Does your organization receive funding or subsidy for bed bug treatment, education or prevention products or services for any of the above locations from any other municipal, provincial or federal programs/agencies ?  Yes or  No

If yes, please give details below

**Funding Proposal:** Please give a complete description of your bed bug-related education and prevention plan, including how the products or services mentioned in the charts below will help you to prevent a bed bug infestation or to prevent the re-occurrence of a bed bug infestation. If more space is needed, please attach a separate sheet:

## SECTION 3 DETAILED BUDGETS

### PREVENTION

If your organization will be using this grant, in whole or in part, for **prevention** of a bed bug infestation, or to prevent the re-occurrence of a bed bug infestation, please give details in the chart below about the type and number of preventative items planned for purchase and cost per unit. For prices of items purchased through the **Bed Bug Prevention Materials Program**, please refer to the Manitoba Distribution Agency Catalogue.

Type of preventative items	Number	Cost per item	Sub-total
<i>Ex: Twin bed bug proof mattress covers</i>	15	\$ 25.00	\$ 375.00
<i>Ex: Full/double bed bug proof mattress covers</i>	5	\$ 30.00	\$ 150.00
Total prevention budget			\$

### TREATMENT

If your organization will be using this grant to hire a certified pest management professional, in whole or in part, for **treatment** of a bed bug infestation, please give details in the chart below about the type of treatment planned (or completed).

Type of extermination service	Rooms	Room	Sub-total
<i>Ex: Chemical treatment</i>	10	\$ 50.00	\$ 500.00
<i>Ex: Heat treatment</i>	1	\$ 200.00	\$ 200.00
Total treatment budget			\$

### EDUCATION

If your organization will be using this grant, in whole or in part, for **education** about bed bug infestations, treatment or prevention, please give details in the chart below about the type of education materials to be purchased or prepared.

Education	Number	Cost per item	Sub-total
<i>Ex: Print materials to hand out to participants</i>	20	\$ 1.00	\$ 20.00
Total education budget			\$

## DETAILED BUDGETS SUMMARY

Combined Total Budget:	Prevention	\$ _____
	Treatment	\$ _____
	Education	\$ _____
	<b>Total grant requested</b>	<b>\$ _____</b>

The Non-profit Community Bed Bug Grant program may accept applications from organizations that reach the set annual allocation should program funds remain towards the end of the fiscal year. If your organization reaches, or exceeds, the set annual allocation for your organization because of this grant request, do you want to be contacted to submit an application for funds later in the intake year? Yes or No

## SECTION 4 PAYMENT OF FUNDING

Please indicate the **name of the non-profit organization** the cheque should be made payable to, if your application is approved.

Please make cheque payable to (please print):

Preferred payment option

- Direct Deposit  
 Cheque

## SECTION 5 DECLARATION

By signing below, I state that all information included in this grant application is accurate, to the best of my knowledge, and I confirm that I have been granted signing authority on behalf of the company.

I understand that failure to provide detailed, accurate and complete information may result in this application being denied.

\_\_\_\_\_  
*Applicant's name (please print)*

\_\_\_\_\_  
*Applicant's title (please print)*

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Date*