



IMPORTANT:

Please read the Application Guide for this program prior to completing this form.

This is page one of the application and must be completed and submitted with your completed application.

Required Documents Checklist

Please complete this checklist

Incomplete applications will result in delayed processing and/or rejection.

- Contact person’s business phone number and home phone number and/or email is provided (page 2 of application). Yes No
- Organization’s fiscal year, month and day (page 5). Yes No
- Total amount of funding requested (page 7). Yes No
- Breakdown of costs for the Operational Grant (page 12) and/or Special Project (page 15) requested in the application. Yes No
- Required signatures and witnesses (page 16). Yes No

The following documents must be included with your application, as attachments.

- Report of the organization’s activities in the previous fiscal year. Yes No
- Copy of the prior fiscal year, audited or reviewed financial statements that have been signed by the President and Treasurer. Yes No
- Statement of the organization’s proposed activities in this fiscal year. Yes No
- Proposed budget which includes revenues and expenses for the fiscal year noted in the application. Yes No
- Copy of the organization’s Constitution, By-laws and Articles of Incorporation. Yes No
- Letters of support from participating organizations (if applicable). Yes No
- Minutes of the organization’s meeting(s) at which the application was discussed and approved. Yes No

FOR OFFICE USE ONLY

Received/Postmarked _____ Assigned File # _____

SECTION I

ORGANIZATION

1 Name of Organization

2 Organization Mailing Address

Street and Number/Box Number

City/Town

Province

Postal Code

Region: Norman Interlake Eastman Westman Central Parkland Winnipeg

Phone

Fax

Organization Website (URL)

Organization Email Address

Organization Facebook

3 Contact person (for questions regarding this application)

Mr. Mrs. Miss Dr.

Name

Position in the organization

Address

City

Postal Code

Business Phone

Home Phone

Email Address

4 What is the role of your organization?

5 Does your organization have a Facebook page, website and/or newsletter? If yes, please provide the Facebook link, website link and/or newsletter name.

6 Is your organization

Provincial Regional Local A local chapter of a national organization

7 Is your organization incorporated?

Yes No

If yes, under which laws? Provincial Federal Incorporation Date _____
(Day-Month-Year)

8 Is your organization registered as a charitable organization?

Yes No

If yes, please provide registration number. _____

9a What year was your organization established?

____|____|____|____|

Year

9b When were the constitution and bylaws established?

____|____|____|____|

Year

10 Does your organization have

A board of directors?
 Yes No Elected Appointed

How often do you meet?
 Annually Quarterly Other _____

An executive?
 Yes No Elected Appointed

If these positions are elected, how often are elections held? _____

If these positions are appointed, who appoints them? _____

When is the Annual General Meeting held? _____

11 Principal Officers

Provide information on the following principal officers.

President:

Mr. Mrs. Miss Dr.

Name

Address

City

____|____|____|____|____|____|

Postal Code

____|____|____|____|____|____|____|____|____|____|

Business Phone

____|____|____|____|____|____|____|____|____|____|

Home Phone

Email Address

Vice President:

Mr. Mrs. Miss Dr.

Name

Address

City

||_|_|_|_|_|_|_|_|

Postal Code

||_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Business Phone

||_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Home Phone

Email Address

Secretary:

Mr. Mrs. Miss Dr.

Name

Address

City

||_|_|_|_|_|_|_|_|

Postal Code

||_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Business Phone

||_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Home Phone

Email Address

Treasurer:

Mr. Mrs. Miss Dr.

Name

Address

City

||_|_|_|_|_|_|_|_|

Postal Code

||_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Business Phone

||_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Home Phone

Email Address

12 Membership

a. Is your membership open to the public?

Yes No

b. How many members does your organization currently have?

c. What ethnocultural group(s) does your organization serve?

13 Official languages used

English French

Other (specify)	What language(s) is/are used for organizational events?

14 Is your organization affiliated with any other organization(s)?

Yes No

If yes, please name the other organization(s).

15 Does your organization receive funding from other sources (Federal government, other foundations, etc.)?

Yes No

If yes, please list funding source, amount, year and intended use.

Funding Source	Amount	Year	Intended Use
		_ _ _ _	
		_ _ _ _	
		_ _ _ _	
		_ _ _ _	
		_ _ _ _	
		_ _ _ _	

16 What is your fiscal year?

From (Day-Month-Year)	To (Day-Month-Year)

17 Bank account maintained at (name and address of financial institution)

SECTION II

FINANCIAL INFORMATION

ALL APPLICANTS MUST COMPLETE THIS SECTION.

Proposed Budget for Fiscal Year

From (Day-Month-Year)

To (Day-Month-Year)

1 Anticipated annual revenue

(a) Income from your organization's operations

Membership dues	\$	<input type="text"/>
Fundraising	\$	<input type="text"/>
Admission fees	\$	<input type="text"/>
Concession earnings	\$	<input type="text"/>
Fees from performances	\$	<input type="text"/>
Class registration fees	\$	<input type="text"/>
Rental income	\$	<input type="text"/>
Investment income	\$	<input type="text"/>
Other (specify)		
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total Income	TOTAL \$	<input type="text"/>

(b) Donations from individuals or corporations (specify)

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total Donations	TOTAL \$	<input type="text"/>

(c) Federal government departments/agencies (specify source and amount)

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total Federal Contributions	TOTAL \$	<input type="text"/>

(d) Provincial government departments/agencies (specify source and amount)

Note: Do not include the ECSP amount you are applying for in this application.

<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>
Total Provincial Contributions	TOTAL \$	<input type="text"/>

(e) Municipal government (specify source and amount)

\$ _____
\$ _____

Total Municipal Contributions

TOTAL \$ _____

(f) Other funders (specify source and amount)

\$ _____
\$ _____

Total Other Funder Contributions

TOTAL \$ _____

(g) TOTAL ANTICIPATED REVENUE (a + b + c + d + e + f)

REVENUE \$ _____

Operational Grant Applicants – Transfer the above total (g) to page 13, Box A

Special Project Applicants – Transfer the above total (g) to page 15, Box A

2 Ethnocultural Community Support Program (E.C.S.P) Funding Request

(Amount you are applying for in this application)

PLEASE NOTE:

Organizations can only submit one request in each category (Operational and Special Project) per year (April 1 – March 31).

(a) Operational Funding Request

Eligible organizations may apply for Operational Funding for ongoing operational costs associated with cultural programming. Capital expenditures or asset purchases are NOT eligible for funding.

Amount of Operational request

\$ _____

(b) Special Project Funding Request

A Special Project is an event or activity of a non-recurring nature. This includes one time events with a specific start and end date.

Amount of Special Project request

\$ _____

TOTAL E.C.S.P FUNDING REQUESTED (a + b)

\$ _____

3 Have you applied to the Ethnocultural Community Support Program in the past three years?

Yes No

If yes, when were your previous applications and what was the total funding amount you received?

\$ _____

Date (Day-Month-Year)

\$ _____

Date (Day-Month-Year)

\$ _____

Date (Day-Month-Year)

END OF SECTION II

Operational Grant applicants please proceed to section III (page 8)

Special Projects Grant applicants please proceed to section IV (page 14)

SECTION III

OPERATIONAL FUNDING REQUEST

COMPLETE THIS SECTION ONLY IF APPLYING FOR AN OPERATIONAL GRANT

1 Anticipated Organization Expenses

(a) Administration

Salaries

Number of full-time employees \$

Number of part-time employees \$

Employee benefits \$

Professional development \$

Legal and audit fees \$

Bank charges \$

Office supplies \$

Photocopying and printing \$

Postage \$

Telephone \$

Rental: Furniture \$

Rental: Office equipment \$

Meeting expenses (specify)

\$

\$

\$

Advertising and promotion \$

Newsletter Name \$

Travel (specify)

\$

\$

Other (specify)

\$

\$

\$

Total administration expenses

TOTAL \$

Operational Grant Applicants – transfer this total to page 13, Box B

(b) Facility Expenses

Rent	\$	_____
Mortgage payments (current fiscal year)	\$	_____
Property taxes and license fees	\$	_____
Insurance (facility only)	\$	_____
Utilities	\$	_____
Janitorial services	\$	_____
Repairs and maintenance	\$	_____
Other (specify)		
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total facility expenses	TOTAL \$	_____

Operational Grant Applicants – Transfer this total to page 13, Box C

(c) Overview of Program(s) to be Funded

Provide a detailed description of each program including:

- name of program
- duration
- target audience
- location
- purpose

If you need additional space, please attach a separate sheet.

1) _____

2) _____

3)

Overview of Program Expenses

Please complete for each program activity as described on pages 9 to 11. **If you need additional space, please attach a separate sheet.**

	1	2	3
	_____	_____	_____
	1) Program name	2) Program name	3) Program name
Honoraria	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Location rental	\$ _____	\$ _____	\$ _____
Advertising and promotion	\$ _____	\$ _____	\$ _____
Printing	\$ _____	\$ _____	\$ _____
Supplies (specify)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Equipment purchase (not eligible for ECSP funding)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Equipment rental (specify)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Travel costs (not eligible for ECSP funding)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other (specify)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total per program	\$ _____	\$ _____	\$ _____
Total program expenses			TOTAL \$ _____

Operational Grant Applicants – Transfer this total to page 13, Box D

INCOME AND EXPENSES

Total anticipated revenue	Information from page 7 (g)	A \$ <input type="text"/>
Total administration expenses	Information from page 8	B \$ <input type="text"/>
Total facility expenses	Information from page 9	C \$ <input type="text"/>
Total program expenses	Information from page 12	D \$ <input type="text"/>
Total anticipated organization expenses	Total (B + C + D =)	E \$ <input type="text"/>
Surplus (Deficit)	(A - E =)	\$ <input type="text"/>

NOTE: If deficit is listed, please explain how your organization will cover the shortfall.

SECTION IV

SPECIAL PROJECT FUNDING REQUEST

COMPLETE THIS SECTION ONLY IF APPLYING FOR A SPECIAL PROJECT GRANT

ECSP Special Project funding applications must include the following information:

- Completion of pages 1-7 and 14-16 of the ECSP Application form; and,
- A written Special Project proposal. (See page 4 of the ECSP Application Guide for a list of specific information that must be included in your written project proposal.)

1 Project title

2 Project start and end dates

From (Day-Month-Year)

To (Day-Month-Year)

3 Scope of project

Provincial

Regional

Local

4 Person responsible for project

Mr. Mrs. Miss Dr.

Name

Position in the organization

Address

City

Postal Code

Business Phone

Home Phone

Email Address

5

Total anticipated **revenue** for Special Project

Information from page 7 (g)

REVENUE (A) \$ _____

Anticipated Expenditures for the Special Project:

(a) **Honoraria** \$ _____

(b) **Location rental** \$ _____

(c) **Advertising and promotion** \$ _____

(d) **Printing** \$ _____

(e) **Supplies (specify)**

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

(f) **Equipment purchase (specify)** (not eligible for ECSP funding)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

(g) **Equipment rental (specify)**

_____ \$ _____

_____ \$ _____

_____ \$ _____

(h) **Travel costs (specify)** (not eligible for ECSP funding)

_____ \$ _____

_____ \$ _____

_____ \$ _____

(i) **Other (specify)**

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total anticipated **expenses**
for Special Project

Total (a + b + c + d + e + f + g + h + i =)

EXPENSES (B) \$ _____

Surplus (Deficit) (A - B =) \$ _____

NOTE: If deficit is listed, please explain in your Special Project proposal how your organization will cover the shortfall.

END OF SECTION IV
Please proceed to section V (page 16)

SECTION V

DECLARATION

ALL APPLICANTS MUST COMPLETE THIS SECTION.

The personal information collected in this form is required by Manitoba Sport, Culture and Heritage, Multiculturalism Secretariat, for the administration of the Ethnocultural Community Support Program. It will be reviewed by program officers and may be shared with other government departments/agencies that provide funding to ethnocultural organizations. **Contact information may also be shared with researchers undertaking studies related to government policies on ethnocultural groups and other multicultural projects; and/or with recognized media outlets for community-specific information.** This information will not be disclosed to or shared with any other third parties, except as allowed by the *Freedom of Information and Protection of Privacy Act*.

To the best of my/our knowledge and belief, the information contained herein is accurate.

Signatures of both the President and Treasurer of the organization and witnesses are required.

<p>PRESIDENT/CHAIR</p> <p>_____ Signature</p> <p>_____ Print name</p> <p>_____ Date (Day-Month-Year)</p>	<p>WITNESS</p> <p>_____ Signature</p> <p>_____ Print name</p> <p>_____ Date (Day-Month-Year)</p>
<p>TREASURER</p> <p>_____ Signature</p> <p>_____ Print name</p> <p>_____ Date (Day-Month-Year)</p>	<p>WITNESS</p> <p>_____ Signature</p> <p>_____ Print name</p> <p>_____ Date (Day-Month-Year)</p>

END OF APPLICATION FORM

Thank you. Please keep a copy of this application for your records.

Please submit completed application form and required documents to:

ETHNOCULTURAL COMMUNITY SUPPORT PROGRAM
Multiculturalism Secretariat
6th Floor - 213 Notre Dame Avenue
Winnipeg, MB R3B 1N3
or by email to multisec@gov.mb.ca