

EIA Endowment Fund – Expression of Interest (EOI) Application Form

Organization and Contact Information

Operating Name: _____

Legal Name: _____

Website: _____

Physical Address

Street Address: _____

City or Town: _____

Province: _____

Postal Code: _____

Mailing Address (if different)

Street Address or Box Number: _____

City or Town: _____

Province: _____

Postal Code: _____

Registration Information (if applicable)

Business or Charity Number: _____

Primary Contact Person

Name: _____

Pronouns: _____

Position Title: _____

Phone Number: _____

Email Address: _____

Eligibility

Our organization is a not-for-profit or charity with an established governing board.

YES

Our organization is in Manitoba. We serve Manitobans who:

- receive Employment and Income Assistance (EIA)
- are 18–26 and have experience with Child and Family Services (CFS)

YES

Our organization is registered and in good standing with the Companies Office

YES

OR

Our organization has:

- an active bank account
- been operating for at least one year and can confirm this

YES

Consent to Use of Information

The personal information collected in this form is needed to manage the Expression of Interest (EOI) process. This information will be shared with EOI advisors and the selection committee. It may also be shared with other government departments or agencies involved in your project.

Your information will **not** be shared with other third parties, except where permitted under The Freedom of Information and Protection of Privacy Act.

I understand and give consent.

YES

Project Information

Project Name: _____

About Your Organization

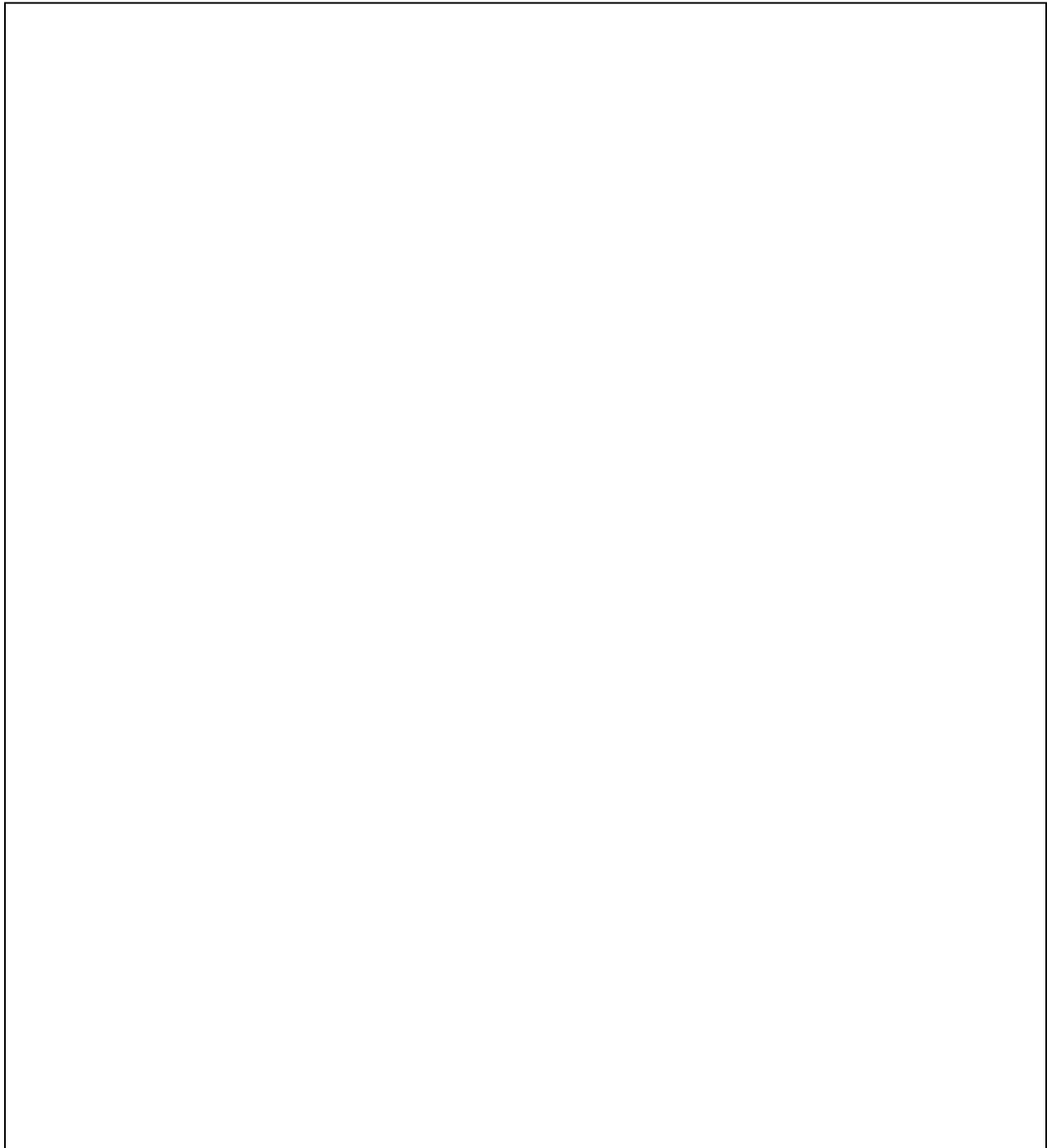
In 250 words or less, please include your history of working with young adults, especially those who:

- are 18–26
- receive EIA
- have experience in the CFS system

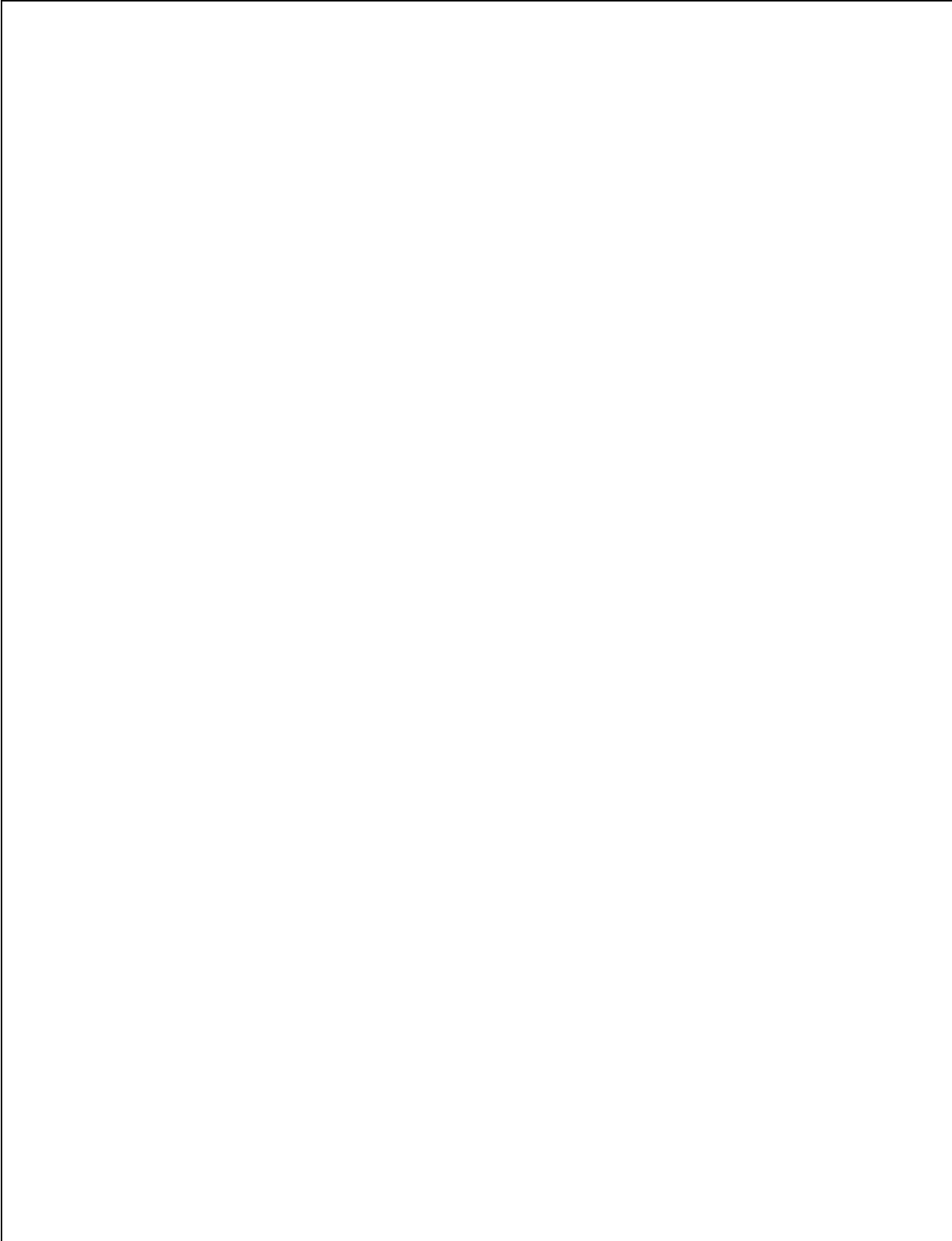
Project Overview

In 750 words or less, please describe your project, including:

- program or service activities
- expected deliverables and outcomes
- cultural supports available through the project or your organization

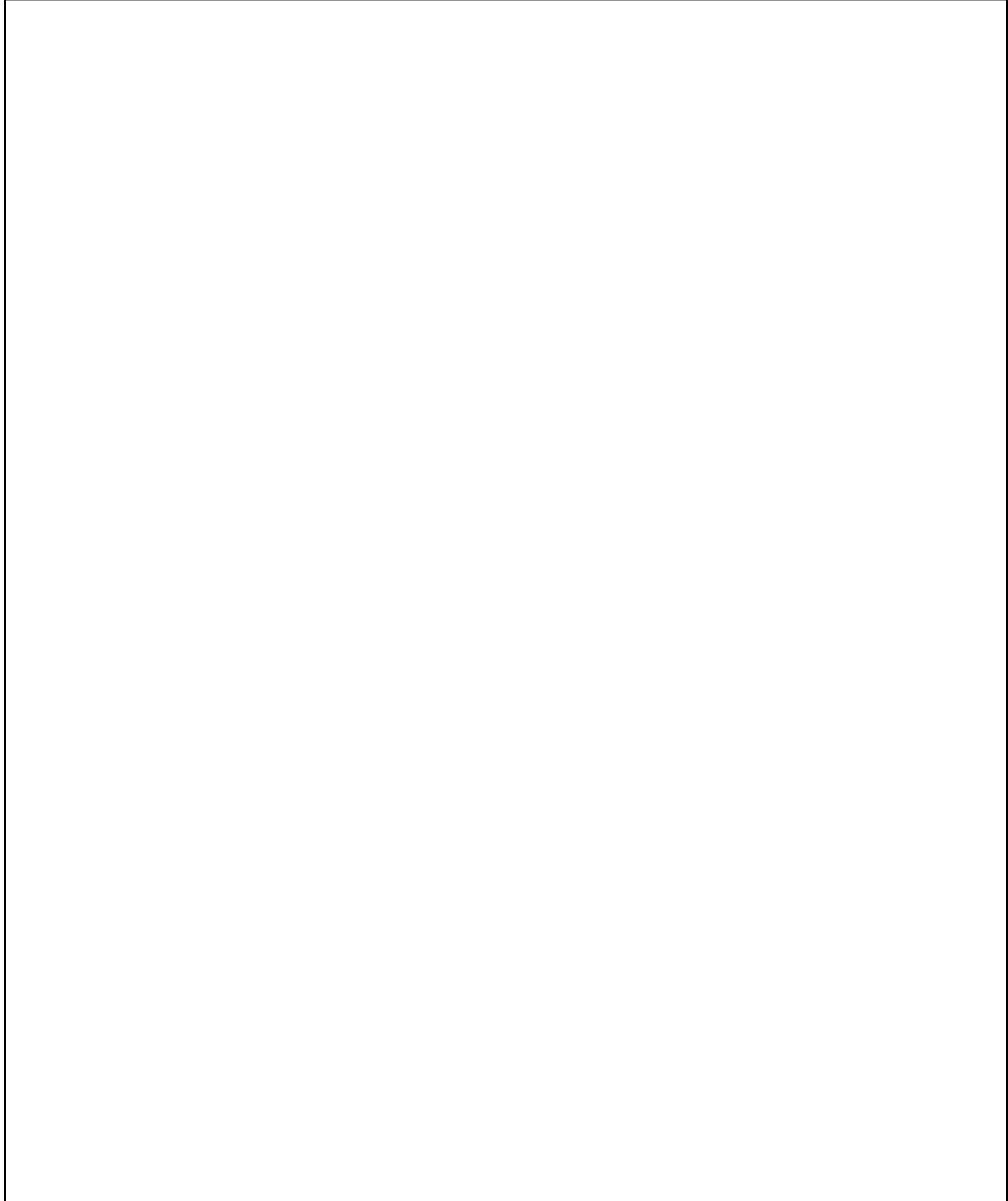
A large, empty rectangular box with a thin black border, intended for the user to write their project overview. The box occupies the majority of the lower half of the page.

Project Overview continued...



Service or Program Gap

In 250 words or less, please explain what services or programs are missing today. Describe how your project fills these gaps.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above. The box is currently blank.

Project Service Area

Describe the area your project will serve (e.g., Rural Municipality of Portage la Prairie)

Project Start Date: _____

Project End Date: _____

Funding Amount Requested: _____

Target Population: _____

Intended Number of People Served: _____

Declaration

Our organization has read and understands the EOI guidelines, eligibility rules, and funding details.

YES

A proposed budget is attached.

YES

The EOI application is completed in full, including all attachments, signed by an authorized organization representative, and submitted to ETT@gov.mb.ca by **June 2, 2026, at 11:59 PM CDT.**

YES

If approved, our organization understands that an agreement will be negotiated with the Government of Manitoba. The agreement will include, but is not limited to:

- project tasks and deliverables
- eligible use of funds

- maximum funding amount
- project start and end dates
- reporting requirements (interim and final)
- payment terms
- cancellation terms
- publication requirements (if needed)

YES

Authorized by: _____

Position Title: _____

Signature: _____

Date: _____

This information is available in alternate formats, upon request. Email fswebunit@gov.mb.ca to make a request.