



CLANWILLIAM - ERICKSON ENDOWMENT FUND

Grant guideline and application

Guidelines and Criteria - please read prior to submitting an application

Eligibility

Projects must benefit the people of the Municipality of Clanwilliam-Erickson, be spent within the municipal boundaries, and be of a capital nature or a long term fixed asset.

Process

Application form must include:

- financial statement or most recent bank statement
- budget/itemized quote

Guidelines

A Grant Agreement may be required to be signed at the discretion of the Clanwilliam-Erickson Endowment Fund. Work not done as identified in the grant application may result in a forfeit of funding.

Ineligibility

Project proposals **not eligible** for funding include:

- support the operating expenses of established organizations or programs
- purchases and expenses already incurred or to retire debt
- establish or add to annual fundraising campaigns, endowment funds or grants
- support religious organizations
- promote political activities or support advocacy initiatives
- for-profit organizations
- individuals seeking for personal medical benefits
- involve federal, provincial, or municipal government agencies/assets and school boards

Submission

Applications & supporting documents should be submitted to the Municipal Office in Erickson by

- **Email** acao@ericksonmb.ca

or;

- **Mailed or delivered to**
Municipality of Clanwilliam-Erickson
Box 40, Erickson, MB R0J 0P0
45 Main Street, Erickson, MB



**CLANWILLIAM - ERICKSON
ENDOWMENT FUND**

Grant application (2 pages)

Name of Application Organization (grant payable to)

Name of person completing this form

Type of organization

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Community Association |
| <input type="checkbox"/> | Community Group |
| <input type="checkbox"/> | Registered Non-Profit |
| <input type="checkbox"/> | Registered Charity |

Charity # if applicable _____

Has your organization previously received funding from the CE Endowment Fund?

- | | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

Contact information

Email: _____

Phone: _____

Mailing Address:

Describe the organization's overall mission and objectives:

Describe the project and objectives:

Explain the need for the project, who will utilize it, and how will it benefit our community:

Identify any risks that may jeopardize the project's success

Amount of funding requested: _____

Total project costs: _____

If applicable, how will the remaining amount be funded?

Date of project: _____

Anticipated start date: _____ **Anticipated completion date:** _____

Attach all required and supporting documents