
Application Form

FOR OFFICE USE ONLY:

Date: _____

App. ID: _____

Note: The information collected using this form is required for the administration of this Manitoba Arts Council program and may be shared with 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.

Contact Information

Please provide a mailing address for your organization as well as an email address and phone number for two contacts. If this application is successful, payments are issued in the form of cheques made out to your organization. Cheques will be mailed to the address you provide below. All other correspondence will be sent by email to the primary contact.

Organization name

Mailing address

City/Town/Reserve

Province/Territory

Postal code

Website

Primary contact

Secondary contact

Name

Name

Title

Title

Email

Email

Phone

Phone

Indigenous Cultural Initiatives

Project details

Project title:

Project type:

Arts education Traditional dance

Location:

Start date:

End date:

Amount requested

(maximum of \$5,000):

Required Supporting Information:

- A proposal, which must include:
 - A description of your organization's purpose and primary functions, including when your organization was established and if it is an incorporated, non-profit organization or under the jurisdiction of an organizing committee.
 - A list of current members and staff.
 - A description of your project including what it hopes to accomplish, number of volunteers, and anticipated attendance or student hours (the number of participants multiplied by the hours of instruction). Explain the objectives, how the outcomes will impact the community, how youth will be involved, and how the project will contribute to economic and tourism development.
 - Why your project will succeed, including key people involved, how you will partner with other community groups, businesses, and local government, how the project will be promoted, and past successful projects.
- Attached supporting documentation:
 - Arts education: artist/mentor(s) name, background, qualifications, achievements, and artist's statement of commitment to mentor approach and/or the artist's curriculum vitae/resume.
 - Traditional dance: financial statements on previous year's celebration and letters of reference from community organizations/groups confirming the event's status as the community's signature annual event.
- Completed estimated budget form – a detailed balanced project budget approved by the board or organizing committee specifying all revenue sources and other funders.
- Attached documentation confirming the amount of financial and in-kind support provided from local government, business, and/or the community.
- Signed declaration.

Indigenous Cultural Initiatives

Estimated Budget Form

Please complete the form below or submit your budget on a separate sheet.

Revenues	Amount	
Indigenous Cultural Initiatives grant		
Other revenue (specify)		Confirmed?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
Total revenues		

Expenses	Amount
Tobacco for ceremonial purposes	
Gifts given to honour guests and elders	
Honoraria for elders	
Special powwow guests/performers	
Artist instructor/mentor fees	
Materials for the purpose of instruction	
Ineligible expenses (specify)	
Total expenses	

Declaration

We, the undersigned:

- have read and understood the program guidelines and understand that failure to comply with these guidelines may result in forfeiture of the grant and may jeopardize consideration of future grant requests;
- understand that if this application is successful, our organization will receive a first instalment of the approved amount and that by accepting this payment, we agree to:
 - spend the funds as proposed and approved (MAC requires repayment of funds not used for the proposed and approved purposes);
 - notify MAC in writing as soon as possible to seek appropriate approval in the event of changes to the size, scope or dates of the project;
 - acknowledge the assistance of MAC in all promotional materials for which support was provided; and
 - complete a narrative and financial report using the form provided by MAC and submit it by the due date specified in the program guidelines.

We certify the statements and information contained in this application are accurate and complete.

Primary contact

Secondary contact

Signature

Signature

Name

Name

Title

Title

Date

Date