

6092 Boundary St. PO Box 48, Vassar, MB R0A 2J0 Ph: 204-437-2284 / 204-437-2060 Fax: 204-437-2556

E-mail: office@rmofpiney.mb.ca

Schedule "A"

Grant Submission Form

☐ Recreation Commission Grant☐ Cultural and Community Identity Grant			Large Grant Events Grant			
Grant Year:	Project Title:					
	Applicant/Or	ganizatior	1			
Applicant Address:						
PO Box	Town/City		Province	Postal Code		
Co	ontact Name		Pł	none Number		
Alternate Phone Number			Email			
PROJECT DETAILS:						
Project Location:						
Project Start Date:	Date of			f Completion:		
Name of Applicant:						
Have you applied for add	itional funding from other go	overnment	agencies?	YES 🗆 NO		
f No, why not?						
f Yes, were you success	ful?	1 🗆 (N/A			
Total Project Cost:						
			n a separate form	۸۰.		



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1) Provide a brief overview of the project, including its main objectives & expected outcomes.						
2) Details of some of the anticipated results you hope to achieve.						
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3) Explain how the project will be sustained after the grant period ends.						



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BUDGET:						
RM Grant Request:						
Other Government Grants (confirmed/unconfirmed):						
Community Contribution (10% of grant funds requested):						
OFFICE USE ONLY: Copy of Bank Statement Attached:		☐ YES	□ NO			
Total Project Revenue:						
Expense Detail:						
:						
:						
:						
:						
:						
	l					
Total Project Value:						
By signing below, I confirm that I have read the Community Grants Policy and agree to the terms of this policy as presented. I am aware that the deadline for all grant submissions is February 15 th of the year the grant is being requested for.						
Signature		Date				