

GRANT APPLICATION

Submitted or Postmarked Deadline of Application: January 01, May 01, September 01 All applications must be legible and certified by applicants. Incomplete applications WILL NOT BE CONSIDERED.

SECTION 1

Name of Individual/ Org	anization:		
Address:			
Postal Code:	Telephone:	Email:	
Contact person for this	application		
Name:		Title:	
Address:			
Postal Code:	Telephone (Home):	Telephone (Business):	
Amount requested from	the Foundation for Choral Mus	sic in Manitoba:	
Proposed timetable of re	eceipt of FCMM grant:		
Registered Charitable C	Organization Number:		
Brief description of proje	ect (25 words or less). Be spec	ific on what the request is for: i.e. artist fees or composer	fees.
If applicant is an organiz	zation the following two signatu	res must be included:	
We certify that to the be	est of my/our knowledge, the in	formation provided in this grant application is accurate and	d complete.
Signature	Name	Date	
President/Chair			
Cianatura	Nama	Date	
Signature Vice-Pres/Treasurer/Se	Name cretary	Date	
If applicant is an individ	ual or unorganized group, his/b	er signature must be included:	
ii applicant is an individ	uai or unorganizeu group, Ilis/I	ei signature must be moluueu.	
Signature	 Name		

FCMM can provide funding only to recipients through organizations possessing a charitable number. Organizations that do not possess such a number, unorganized groups, and individuals should make arrangements with a registered charity to utilize its charitable number. Individuals, unorganized groups and organizations making application are required to provide the following information and signature.

Name of supporting or	ganizations:		
Address:			
Postal Code:	Telephone:	Email:	
Name of person author	rizing the use of charitable numb	er:	
Signature			

NOTE: A letter of support by a supporting organization must accompany this application.

SECTION 2: PROJECT INFORMATION

- 1. Description of the project. Include (minimum):
 - Participants involved in project.
 - Proposed timeline of activity (date of start of project activity and completion of project).
 - Preparations completed to date.
 - Who benefits from this project?

SECTION 3: FINANCIAL

Project Financial Statements

- Budget to be submitted with grant application.Financial Statements to be submitted with written Final Report.

Revenue: both anticipated (a) and confirmed ©	Date Project Budget	Date Final Report
FCMM grant (a)		
TOTAL REVENUE		
Expenses:		
TOTAL EXPENSE		
Surplus/Deficit		

Relevant supplementary documents enclosed with this grant application: Organizations must submit: (Please check appropriate boxes)
 Organizational documents or constitution and bylaws (first time applicants only). Financial statements duly approved. Completed Grant Application with all required support materials.
Individuals must submit:
A curriculum vitae.
Names and contact numbers for two references.
Completed Grant Application with support materials.
Letter of support from registered charity.

SECTION 4: CHECKLIST

ALL QUESTIONS IN THE APPLICATION FORM MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Important note: FCMM does not fund operating costs, or costs associated with touring.