



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/ Organization: \_\_\_\_\_

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 Music in Manitoba: \_\_\_\_\_

Proposed timetable of receipt of FCMM grant: \_\_\_\_\_

Registered Charitable Organization Number: \_\_\_\_\_

Brief description of project (25 words or less). Be specific on what the request is for: i.e. artist fees or composer fees.

Four horizontal lines for project description.

If applicant is an organization the following two signatures must be included:

We certify that to the best of my/our knowledge, the information provided in this grant application is accurate and complete.

Signature/President/Chair Name Date

Signature/Vice-Pres/Treasurer/Secretary Name Date

If applicant is an individual or unorganized group, his/her signature must be included:

Signature Name Date

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 organizations:

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of person authorizing the use of charitable number:

\_\_\_\_\_  
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.

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

**SECTION 4: CHECKLIST**

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.

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