



CELEBRATE 150 APPLICATION FORM

APPLICANT INFORMATION

Legal Name of Organization: _____ Year Established: _____

Operating Name (if different than legal name): _____

Organization Address: _____

Telephone Number: _____ Email Address: _____

Contact Name: _____ Contact Title: _____

Signing Authority Name: _____ Signing Authority Title: _____

Telephone: _____ Email: _____

Applicant Status: Not-for-profit Municipality Indigenous Reserve

PROJECT INFORMATION

Title of Project/Planned Activities: _____

Planned Project Start Date: _____ Planned Project End Date: _____

Description of Project/Planned Activities:

Describe how your planned activities align with one or more of MB150's GUIDING THEMES of Discover our Beauty, Meet our People, Experience our Culture, and/or Explore our History. (Details can be found in the guidelines).

Briefly describe how your Planned Activities will positively impact the community.

Briefly describe your implementation plan.

Describe your performance goals and how you plan to measure them.

If additional lines are needed attach as a separate sheet.

PROJECT BUDGET INFORMATION

Total Project Cost: _____ Amount Requested from Celebrate 150: _____

Funding Threshold:

\$10,000 (Organizations with annual cash operating expenses of less than \$250,000)

\$25,000 (Organizations with annual cash operating expenses of \$250,00-\$1,000,000)

\$70,000 (Organizations with annual cash operating expenses of more than \$1,000,000)

Budget Attached (Please use the MB150 budget template provided)

Please include any necessary budget explanations.

REQUIRED DOCUMENTS

Completed Application

Budget

Most recent audited, Board-endorsed, or Treasurer-certified financial statements

One of three legal documents confirming status of applicant (if applicable)

Please use this space to provide any additional notes or information regarding your application.

DECLARATIONS AND SIGNATURES

All boxes must be checked.

The applicant named herein is a valid and existing corporation duly incorporated and in good standing under the laws of the Province of Manitoba and has all necessary power to enter into and carry out its obligations under this application.

The information in this application is true, complete, and accurate in all respects.

The applicant named herein has taken all corporate action necessary to authorize the execution and delivery of this application.

Signatory Name (Required)

Signatory Title

Signature (Required)

Date

Signatory Name (Optional)

Signatory Title

Signature (Optional)

Date