

Sport, Culture and Heritage

COMMUNITY ARTS COUNCILS OPERATING SUPPORT – Program Application

(Note: The personal information collected using this form is required for the administration of the Community Arts Councils Operating Support Program of Manitoba Sport, Culture and Heritage and may be shared with the program's technical advisors and 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*.)

Name of registered organization (payments will be issued in this name):

Incorporation Date or Business #: _____

of Full-Time Staff: _____ # of Part-Time Staff: _____

Grant Amount Requested (maximum \$33,000.00): _____ \$

Mailing Address

(street, city, province, postal code):

1st Contact Person and Title:

Phone #:

Email:

2nd Contact Person and Title:

Phone #:

Email:

Please answer the following questions on a separate sheet:

1. How many members does your organization have? Please list membership categories (e.g. individual, student, family, corporate, affiliate, etc.)
2. What communities does your Council serve?
3. Please list all community partnerships throughout the last fiscal year.
4. Please share a success story from the past year.
5. What are your audience development goals in the coming year? How will your organization develop new audiences in your community (reaching out to various age groups, populations, towns, etc.)?
6. What are your organization's goals for arts skills development programming in the coming year (introduce new arts forms, add classes at a higher level in an established arts form, etc.)?
7. Please provide a detailed description of your programming plans for the coming year and highlighting any significant changes from the previous year in: Performing Arts Events, Visual Arts Exhibitions, Film and Video Presentations, and Arts Instruction.

Required Supporting Information:

- An audited/actual financial statement for the **2017-18** fiscal year. You may submit a financial statement prepared by a qualified accountant or by two members of your organization elected for that purpose who must sign and date the statement indicating that it reflects a true and accurate record of all financial transactions.
- An actual or projected financial statement to the end of your **2018-19** fiscal year (may be prepared by treasurer/staff).
- Letters of support documenting financial commitments and support received in **2018-19** from municipalities, towns, villages and recreation commissions.
- A board-approved budget for the **2019-20** fiscal year.
- A use-of-surplus plan must be submitted should your accumulated surplus exceed 50% of annual revenues. A deficit reduction plan must be submitted in the event of an accumulated deficit.
- A list of current board members and staff.
- An Annual Report presented at and minutes of your organization's last Annual General Meeting.
- A copy of Articles of Incorporation and Constitution/By-laws, if not already submitted.
- A completed application form including financial information, program summary and signed declaration.

Financial Information:

Municipal Matching: Please list all rural municipalities, towns and villages whose governments provided financial assistance/gifts-in-kind to your organization in **2018-19**.

Municipality/Town/Village	Cash	Gift-in-kind
Totals:	\$	\$

Community Support Incentive Component:

	2017-18 Actual	2018-19 <input type="checkbox"/> Actual or <input type="checkbox"/> Projected
Total revenues	\$	\$
Monies raised/received for capital purposes	\$	\$
Interest earned other than endowment interest	\$	\$
Total government funding	\$	\$
Fundraising expenses (for <i>net</i> fundraising)	\$	\$

Consolidated Program Component:

	2017-18 Actual	2018-19 <input type="checkbox"/> Actual or <input type="checkbox"/> Projected
Total ticket sales	\$	\$
Total arts-related registration fees revenues	\$	\$
Total eligible visual arts exhibition 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, my 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 (the Government of Manitoba requires repayment of funds not used for the proposed and approved purposes);
 - notify their consultant as soon as possible to seek appropriate approval in the event of changes or their ability to fulfill their mission or mandate;
 - acknowledge the assistance of Manitoba Sport, Culture and Heritage in all promotional materials for which support was provided; and
 - complete a narrative and financial interim report using the form provided by the department.
- We certify the statements and information contained in this application are accurate and complete.

Signature of 1st Contact

Date

Signature of 2nd Contact

Date

Program Summary For your 2018-19 Fiscal Year (If additional space is required please use a separate sheet and indicate totals

on this page) **Performing Arts Events** (concerts, plays, readings, lectures, dance recitals, etc.)

Type of Event	Partner/Producer	Performer(s)	Date (include year)	Target Audience	Audience Attendance	Total Ticket Sales	Other Revenue
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
				Totals:		\$	\$

Film and Video Presentations

Title	Originator (if other than applicant)	Date (include year)	Audience Attendance	Screening Fees	Admission Revenue	Total Expenses (including screening fees)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
			Totals:	\$	\$	\$

Visual Arts Exhibitions

Name of Exhibition	Artist(s) (if more than 2 artists, write “various”)	Date (include year)	Attendance	Revenue	Eligible Expenses*
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
			Totals:	\$	\$
*Eligible Expenses Include: installation, shipping, exhibition insurance, printing, publications, advertising, promotion, facility rental, security					

Arts Instruction

Class/Workshop	Description/Title	Instructor(s)	Level of Instruction*	Age Range	Date (include year)	# of Hours		# of Participants	# of Student Hours**	Registration Fees
							X			
							X			
							X			
							X			
						Totals:				\$

*Level of Instruction: e.g., beginner, master class, etc.

**Number of student hours: Multiply (# of hours) by (# of participants) across to find # of student hours, and then add # of student hours column down for total.