

From the Ground Up - Safe Healthy Communities for ALL Program

2024-25 GRANT APPLICATION

Deadline Date: May 31, 2024

SECTION A – APPLICANT INFORMATION

Name of Applicant (Legal Name of Organization):

Organization Mailing Address Street or P.O. Box:
 City or Town:
 Postal Code:
 Phone Number:
 Email (if available):

<p>Contact Information</p> <p>Name:</p> <p>Position:</p> <p>Phone Number:</p> <p>Email:</p>	<p>Primary Project Contact</p>	<p>Secondary Contact</p>
---	--------------------------------	--------------------------

ORGANIZATION DESCRIPTION

- Briefly describe the mandate or purpose of your organization. (limit 750 characters)

- Briefly describe the current activities of your organization. (e.g. What are the programs/services, who does your organization serve?) (limit 750 characters)

SECTION B – PROJECT INFORMATION

PROJECT TITLE

START DATE *Costs incurred prior to April 1, 2024 are not eligible.* COMPLETION DATE

PROJECT STREAM	Community Renewal Initiatives	Community Spaces (Capital)	Healthy, Safe, Connected Children and Youth
----------------	-------------------------------	----------------------------	---

PROJECT LOCATION
 (address where the project will take place)

WINNIPEG ONLY - Neighbourhood where the project will take place (check any that apply)

- | | | | | | | |
|------------|--------------|----------|-----------------|---------------|-------------------|---------------|
| Centennial | Central Park | Chalmers | Daniel McIntyre | Dufferin | Lord Selkirk Park | Point Douglas |
| St. John's | St. Matthews | Spence | West Alexander | West Broadway | William Whyte | |

PROJECT DESCRIPTION

3. Provide a description detailing the project. (limit 700 characters each)

Project details including purpose, activities and outcomes:

Project plans and timelines:

4. For the Community Spaces Stream (Capital), please complete the following:

- A) Improvements to an applicant-owned facility
 Improvements authorized by a municipality for a municipally owned facility (include authorization letter)
 Improvements to a privately owned facility
- | | | | |
|---|-----|----|--|
| i) For privately owned facilities, do you have a lease? | Yes | No | |
| ii) When does your lease expire? | | | |
| iii) Do you have the owner's permission for this project? | Yes | No | |
- B) Have professional plans/drawings been drafted for your project? Yes No N/A
- C) Please select one of the following regarding the status of required/applicable permits for your project:

FOR CAPITAL PROJECTS WITH COSTS OVER \$100,000 – please attach a detailed project description including project timelines, status of RFP/tendering process and plans/drawing.

(NOTE: a minimum of two (2) contractor's quotes/estimates are required.)

COMMUNITY NEED AND BENEFIT

5. Describe why your project is important to your community/neighbourhood and how it helps build safe, healthy, communities where individuals, children, youth and/or families can thrive. (limit 300 Characters)
6. Who will benefit from the project? What neighbourhood(s), community(ies), municipality or region will have access/impact/benefit?

List all groups that will benefit from the project

(e.g. children, youth, seniors, ethnocultural groups, Indigenous peoples, people experiencing homelessness, etc.)

List all communities/geographic areas that will benefit from the project

7. Identify how the project benefits the neighbourhood, community or region. Choose **up to three** program priority area for your project:

Increases community participation

(e.g. increased reach, accessibility, diversity, anti-racism initiatives etc.)

Adds, enhances or extends the lifespan of public use community facilities or spaces

(e.g. renovation of community kitchen, playgrounds etc.)

Enhances or provides new community programs or resources

(e.g. social/recreation activities and support groups etc.)

Improves community and organizational capacity to address identified community opportunities or needs

(e.g. outreach activities such as consultations, training and board development etc.)

Enhances community health and wellbeing and stability

(e.g. revitalization and beautification activities such as community gardens, murals and clean ups etc.)

Improves housing and safety coordination

(e.g. housing coordination, tenant support programs etc.)

Improves local economic development activities

(e.g. skill building activities and workshops etc.)

Comments (optional)

8. Does your project support a local, municipal or regional plan/priorities? Yes No
If yes, please identify the plan. (e.g. plans such as a community or recreation master, neighbourhood renewal, tourism, municipal or regional plan or strategy) (limit 300 characters)

PROJECT PARTNERS AND COLLABORATION

9. How will you collaborate with others in your community/neighbourhood who support this project to maximize impact? (limit 300 characters)

List your partners and their contribution that are specific to this project. (e.g. financial, gift/services in kind, administrative or technical support)

Partner Organization Name

Partner Organization Contribution

10. Describe how volunteers and community members are involved in this project. (limit 300 characters)

FOLLOWING PROJECT COMPLETION

11. Briefly describe one or more of the following as relevant to your project: (limit 300 characters)
For new or enhanced programs and initiatives: How will the activity be sustained?
For capital and equipment projects: How will the facility and equipment be maintained and stored?
For planning projects: How will the plan be used and implemented?

GRANT REQUEST can be no more than:

Community Renewal Initiatives Stream and Community Spaces (Capital) Stream

- 80 % of eligible project costs to a maximum of \$100,000 for non-profit organizations and Northern Affairs Community Councils.
- 50 % of eligible project costs to a maximum of \$100,000 for municipal governments.

Healthy, Safe, Connected Children and Youth Stream

- 80 % of eligible project costs to a maximum of \$50,000 for non-profit organizations and Northern Affairs Community Councils.
- 50 % of eligible project costs to a maximum of \$50,000 for municipal governments.

PROJECT COSTS	
LABOUR	
Project Specific Wages	
Consultant Costs	
Contractor Quotes	
Sub-total: LABOUR	
EQUIPMENT (e.g. rental or purchase of equipment etc.)	
Sub-total: EQUIPMENT	
MATERIALS & SUPPLIES (e.g. construction materials, program supplies etc.)	
Sub-total: MATERIALS AND SUPPLIES	
OTHER COSTS (e.g facility rental, honorariums, permits, etc.)	
Sub-total: OTHER COSTS	
IN-KIND CONTRIBUTIONS Enter details in box below and this budget section will auto-populate.	
Volunteer Labour	
Donated Materials, Goods and Services	
Sub-total: IN-KIND CONTRIBUTIONS	
Sub-total: PROJECT COSTS	
ADMINISTRATIVE COSTS <i>(for non-profit organizations and Northern Affairs Community Councils applicants only)</i>	
Community Renewal Initiatives and Community Spaces (Capital) Streams	
<ul style="list-style-type: none"> • 10% of project costs to a max of \$12,500 whichever is less. 	
Healthy, Safe, Connected Children and Youth Stream	
<ul style="list-style-type: none"> • 10% of project costs to a max of \$6,250 whichever is less. 	
Administrative Costs	
TOTAL PROJECT COSTS (with Administrative Costs)	

PROJECT REVENUES	
FROM THE GROUND UP - SAFE HEALTHY COMMUNITIES FOR ALL PROGRAM GRANT REQUEST	
APPLICANT'S OWN FUNDS (confirmed for project use)	
OTHER REVENUE SOURCES (other than Applicant's Own Confirmed Funds)	
Please select one of the following options in the drop down box:	
Sub-total: OTHER REVENUE SOURCES	
IN-KIND CONTRIBUTIONS Enter details in box below and this budget section will auto-populate.	
Volunteer Labour	
Donated Materials, Goods or Services	
Sub-total: IN-KIND CONTRIBUTIONS	
Is there an alternate plan to proceed with the project if anticipated revenue sources are not successfully obtained? Please describe. (e.g. line of credit, own available funds, loan, etc)	
TOTAL PROJECT REVENUES	

IN-KIND CONTRIBUTIONS (Please list details specific to the project)			
Volunteer Labour – specific to the project	# Hours	Donated Materials, Goods or Services	Market Value
Total Number of Hours			
(Manitoba's Current Minimum Wage) X			
TOTAL: Value of Volunteer Labour		TOTAL: Donated Goods, Materials or Services	

SECTION D – Declaration of Applicant

I hereby certify that I have read, understood, and remain in compliance with the From the Ground Up - Safe Healthy Communities for ALL Guidelines (Terms and Conditions) and will also comply with all applicable legislation and standards, whether federal, provincial or municipal, including (without limitation) labour, environmental, privacy and human rights legislation and any public health orders.

I understand that signing or typing my name below constitutes a legal signature. I hereby certify that I am an authorized signing officer of the organization, that this application is accurate to the best of my knowledge, and that the information contained in this application is endorsed by the organization that I represent. I also agree to provide further information as requested by Manitoba as part of the From the Ground Up - Safe Healthy Communities for ALL program.

I acknowledge and consent to sharing this information with program reviewers, technical advisors and other government agencies with interests in my project.

Signature of Organization's Authorized Officer:

Name

Date

Position

Phone No.

Your personal information is protected by the protection of privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA) and The Personal Information Protection and Electronic Documents Act (PIPEDA). The personal information is being collected for the program administration of the From the Ground Up - Safe Healthy Communities for ALL program offered by Manitoba Municipal and Northern Relations. This collection is authorized under Section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is directly related to and necessary for your participation in this program. Your personal information may be disclosed only if there is legislative authority for doing so, or if you consent.

Following the completion and signing of the application, please see information below:

IMPORTANT to SAVE a copy of your application to your computer before you press the submit button. Applicant should also save a copy of the sent email as confirmation that their application was sent by the deadline date.

When you press the **SUBMIT** button:

1. An email window will open with your application attached
2. At this time, you can attach supporting documents as required
3. Once you press send, an auto-reply will be sent to your email address

NOTE: If you do not receive an auto-reply please call 204-945-3379 or email FGP@gov.mb.ca.

If this fillable PDF Application Form doesn't work on your computer it may be because you do not have Adobe Acrobat Reader installed. You need to install Adobe Acrobat Reader before you can view and print the PDF form. The reader is available free from the Adobe website. Download the latest Adobe Acrobat Reader.