



Rural Municipality of St. Laurent
Municipalité rurale de Saint-Laurent

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Major Projects Grant Application
Application Deadline: January , 202

Major Project Grants are for community organizations requesting funding of \$5000 or more to assist with expenses related to infrastructure development, beautification, environmental sustainability or major activities. If your organization has a member appointed by the RM of St. Laurent (ie RM representation by a councilor, staff member or other) your organization must have a financial audit completed at your expense. This is only required if you are both requesting \$5,000 or more AND have RM representation.

Amount Requesting: \$ _____

Does your organization of an RM-appointed rep?

ORGANIZATION/AGENCY INFORMATION	
Organization/Agency Name and Mailing Address	
Website (if applicable):	
Chairperson/President:	
Primary Contact:	Email:
Phone #	Fax #

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OTHER INFORMATION:	
Registered Charity Number (if applicable)	Have you received funding from us in the past?
If yes, briefly explain:	

FUNDING INFORMATION:	
Describe the purpose of grant funding <u>and/or</u> check most accurate in right-hand column	<input type="radio"/> Annual Event <input type="radio"/> Insurance <input type="radio"/> Other: _____
Location of event (if applicable)	Years held/operating
IF REQUESTED AMOUNT IS LESS THAN \$500, A COPY OF MOST RECENT FINANCIAL STATEMENT IS NOT REQUIRED. ONLY THE BUDGET SECTION NEED BE FILLE DOUT. IF AMOUNT REQUESTED IS OVER \$500, BOTH ARE REQUIRED.	
STATEMENTS ATTACHED: Yes No	

BUDGET

Please provide detailed information with respect to anticipated revenue and expenses (include all monies received or receivable from other sources)

REVENUE/ASSETS		EXPENSES	
ORGANIZATIONAL CONTRIBUTION	= _____	PROJECT EXPENSES:	
OTHER FINANCIAL RESOURCES:			= _____
_____	= _____		= _____
_____	= _____		= _____
_____	= _____		= _____
_____	= _____		= _____
_____	= _____		= _____
TOTAL REVENUE/ASSETS	= _____	TOTA EXPENSES	= _____

Total Amount Requested: \$ _____

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OTHER INFORMATION/COMMENTS:

I certify that to the best of my knowledge the information provided on this application is accurate, complete and is endorsed by the organization identified on this form.

Date

Signature of Applicant

RM OFFICE USE ONLY:

Amount approved to Municipal Budget:

Date Approved:

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CAO

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