



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

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***Community Enhancement Grant Application***  
***Application Deadline: January , 202***

Community Enhancement Grants are for community organizations requesting under \$5000 to assist with hosting a one-time special event or project. Preference will be given to activities that are community enriching or are for public enjoyment. Requests for \$500 or less only require the budget portion of this application be completed. Requests between \$500 and \$5000 must be accompanied by a copy of your most current financial report or other sources of revenue.

Amount Requesting: \$ \_\_\_\_\_

**ORGANIZATION/AGENCY INFORMATION**

Organization/Agency Name and Mailing Address

Website (if applicable):

Chairperson/President:

Primary Contact:

Email:

Phone #

Fax #

Schedule: A

Release Date:

Revision #

Dept: Finance & Administration

Revision Date:

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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 <b>NOT</b> REQUIRED. ONLY THE <b>BUDGET</b> 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: \$ \_\_\_\_\_

Schedule: A	Release Date:	Revision #
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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:
Reeve	CAO