



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

Box/c.p. 220 St. Laurent, Manitoba R0C 2S0  
 Telephone/telephone (204)646-2259  
 Fax/télécopieur (204)646-2705  
 Email/courriel rmstlaur@mymts.net

***Operations & Annual Support Grant Application***

***Application Deadline: January , 202***

Operations & Annual Support Grants are for community organizations requesting support for such things as donations to annual charitable events, or assistance with other operational expenses. Requests for \$500.00 or less only require the budget portion of this application to be filled out. Requests between \$500.00 and \$5,000.00 must be accompanied by a copy of your most current financial report and other sources of revenue. Please contact our office at 204-646-2259 should have any questions regarding eligibility.

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

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

**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: \$ \_\_\_\_\_

Schedule: C	Release Date:	Revision #
Dept: Finance & Administration	Revision Date:	Page 2 of 3

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

Schedule: C

Release Date:

Revision #

Dept: Finance & Administration

Revision Date:

Page 3 of 3