

The Department of Families
200 – 352 Donald Street
Winnipeg MB R3B 2H8
204-945-5566 in Winnipeg
or toll free 1-866-689-5566 in Manitoba
pestcontrolgrant@gov.mb.ca



The Non-Profit Community Pest Control Grant Program Application Form

Homelessness Prevention

This grant application form is for **non-profit organizations** that work with clients who are precariously housed or experiencing homelessness. The funding can be used to provide supports to clients required to eliminate pest activity. Pest is defined as rodents, cockroaches, or bedbugs. The activities must be tenant responsibilities that the clients are not able to perform themselves.

Please complete all sections in full. Incomplete applications will result in processing delays.

SECTION 1: ORGANIZATION INFORMATION

Organization name: _____

Organization mailing address: _____

Name and title of contact person: _____

Phone: _____ Email: _____

Briefly describe the target group and the services that your organization provides:

SECTION 2: FUNDING REQUEST

Applicants can request up to \$5,000 per application. Eligible expenses must be related to services required for securing or sustaining rental housing. Examples include professional cleaners, furniture moving, treatment of personal effects, and services to address clutter and hoarding.

How many clients do you intend to serve with this grant? _____

Funding Proposal: Please give a complete description of the activities for which your organization intends to use the requested funding. If more space is needed, please attach a separate sheet:

SECTION 3: DETAILED BUDGET

Provide a breakdown of the activities and costs your organization intends to use the requested funding.

<u>Type of support</u>	<u># of items</u>	<u>Cost per item</u>	<u>Sub-total</u>
<u>Ex: Cleaning Services</u>	<u>15</u>	<u>\$100.00</u>	<u>\$1,500.00</u>
<u>Ex: Furniture Movers</u>	<u>5</u>	<u>\$150</u>	<u>\$750</u>
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<u>TOTAL PREVENTION BUDGET</u>			<u>\$</u>

SECTION 4: PAYMENT OF FUNDING

Please indicate the **name of the non-profit organization** the cheque should be made payable to, if your application is approved.

Please make cheque payable to (please print):

SECTION 5: DECLARATION

By signing below, I declare that;

1. We are a non-profit organization
2. All information included in this grant application is accurate
3. I have signing authority on behalf of the organization
4. I understand that failure to provide detailed, accurate and complete information may result in this application being denied.

Applicant's name (please print)

Applicant's signature

Applicant's title (please print)

Date