

## Sport, Culture and Heritage

### ETHNOCULTURAL COMMUNITY SUPPORT PROGRAM – Application Form

(Note: The personal information collected using this form is required for the administration of the Ethnocultural Community Support Program of Manitoba Sport, Culture and Heritage and may be shared with the program's technical advisors and other government departments/agencies with interests in your programming/special initiative. Information will not be disclosed to any other third parties except as allowed by *The Freedom of Information and Protection of Privacy Act.*)

- Prior to completing this application form, please read the [Ethnocultural Community Support Program \(ECSP\) Application Guidelines](#).
- Prior to submitting your application, please ensure that your organization's incorporation status is in good standing with the appropriate registering body ([Province of Manitoba's Companies Office](#) or [Corporations Canada](#)).
- Please use the Checklist at the end of the application to ensure that **all** required documents are attached.
- **Applications must be received on or before March 31 in order to be considered for support.** If this date falls on a weekend or statutory holiday, the deadline is the following business day.

### SECTION I

#### ORGANIZATIONAL INFORMATION

Registered Name: (please note payment will be issued in this name)



\_\_\_\_\_



Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Organization Email: \_\_\_\_\_

	Yes	No
Is your organization a provincially or a federally registered not-for-profit organization?	<input type="checkbox"/>	<input type="checkbox"/>
Date of Incorporation: _____		
Does your organization have a Board of Directors? Please attach a list of your Board members.	<input type="checkbox"/>	<input type="checkbox"/>
How often does the board meet per year? Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____		
Type of organizational staff. Please indicate the estimated number of volunteers, employees and contract workers: # Volunteers _____ # Employees _____ # Contractors _____		

\*If awarded funding, new applicants will be provided an e-deposit form. For returning applicants, please contact department staff if your banking information or organization's address has changed since your most recent application.

## APPLICATION CONTACTS

	Primary Contact	Secondary Contact
Name		
Title/Position		
Phone Number		
E-mail		

## ORGANIZATIONAL DESCRIPTION

Briefly describe your organization's mandate, mission and vision (maximum 250 words):

What ethnocultural community/communities does your organization serve?



Please briefly describe your organization's annual activities.



In what region(s) does your organization deliver its services,? Please select all that apply.

- NORMAN       INTERLAKE       EASTMAN       WESTMAN  
 CENTRAL       PARKLAND       WINNIPEG

## SECTION II

Which funding stream(s) is your organization applying for? *Please note: the Programming stream is intended to support ongoing and recurring activity and the Special Initiatives stream is intended to support a one-time event of special importance and/or pilot new initiatives.*

Programming       Special Initiatives       Both

**A. TOTAL AMOUNT REQUESTED FOR PROGRAMMING:** \_\_\_\_\_

**B. TOTAL AMOUNT REQUESTED FOR SPECIAL INITIATIVES:** \_\_\_\_\_

**C. TOTAL AMOUNT REQUESTED BOTH (A+B):** \_\_\_\_\_

Please complete each of the following sections that pertain to your organization's funding request.

## PROGRAMMING REQUEST

You may apply for funding for as many programs as you wish, please complete the chart below for each program. **If your organization is requesting funding for more than three programs, please add [another copy of the chart](#) below to your application.**

Program Name	Program 1 Title: _____	Program 2 Title: _____	Program 3 Title: _____
Location (address)			
Is the location owned or rented by the organization?	Owned <input type="checkbox"/> Rented <input type="checkbox"/>	Owned <input type="checkbox"/> Rented <input type="checkbox"/>	Owned <input type="checkbox"/> Rented <input type="checkbox"/>
Start Date (mm/dd/yyyy)			
End Date (mm/dd/yyyy)			
Frequency of delivery (weekly, monthly, etc.)			
Estimated number of participants			
Estimated number of personnel (include volunteers and paid staff)			
Does the program focus on any ECSP priority(s)? Please check all that apply.	No <input type="checkbox"/> Anti-Racism <input type="checkbox"/> Multiculturalism <input type="checkbox"/> Multigenerational <input type="checkbox"/>	No <input type="checkbox"/> Anti-Racism <input type="checkbox"/> Multiculturalism <input type="checkbox"/> Multigenerational <input type="checkbox"/>	No <input type="checkbox"/> Anti-Racism <input type="checkbox"/> Multiculturalism <input type="checkbox"/> Multigenerational <input type="checkbox"/>

## PROGRAMMING DESCRIPTION

In a separate document, please submit a description of each of the above program(s), briefly answering each of the following questions (two-three sentences each):

1. What are the objective(s) of the program? Please describe the community needs that these objectives address.
2. How does the program promote the exchange or preservation of ethnocultural practices, traditions, languages and/or customs?
3. Who will benefit from the program's activities? Please be as specific as possible (e.g. youth aged 13-16 years, families, preschool children and their parents, general public, etc.)
4. How will the program be delivered (e.g. instruction, workshop, video, publication, event, etc.)?
5. Describe the role, title and duties of personnel (staff, volunteers, contractors) required to successfully deliver this program. In your description, please include the type of remuneration (volunteer, honoraria/fee, salary).

## SPECIAL INITIATIVE REQUEST

Special Initiative Title	
Location (address)	
Is the location owned or rented by the organization?	Owned <input type="checkbox"/> Rented <input type="checkbox"/>
Start Date (mm/dd/yyyy)	
End Date (mm/dd/yyyy)	
Frequency (weekly, monthly, etc.)	
Estimated number of participants	
Estimated number of personnel (include volunteers and paid staff)	
Does the project focus on an ECSP priority(s)? Please check all that apply.	No <input type="checkbox"/> Anti-Racism <input type="checkbox"/> Multiculturalism <input type="checkbox"/> Multigenerational <input type="checkbox"/>

## SPECIAL INITIATIVE DESCRIPTION

In a separate document, please submit a description of the above, proposed special initiative briefly answering all of the following questions (two-three sentences each):

1. What are the objective(s) of the special initiative? Please describe the community needs that these objectives address.
2. How does this special initiative promote the exchange or preservation of ethnocultural practices, traditions, languages and/or customs?
3. Who will benefit from the special initiative's activities? Please be as specific as possible (e.g. youth aged 13-16 years, families, preschool children and their parents, general public, etc.)
4. How will the special initiative be delivered (e.g. instruction, workshop, video, publication, event, etc.)?
5. Describe the role, title and duties of personnel (staff, volunteers, contractors) required to successfully deliver this special initiative. In your description, please include the type of remuneration (volunteer, honoraria/fee, salary).

## SECTION III

### FINANCIAL OVERVIEW

In a separate document, please submit the budget for your organization's planned activities for the period of April 1 to March 31. This document should include the organization's total revenue (e.g. all sources of public and private grant funding, requested ECSP funding and organizational revenues) and total expenditures (e.g. operational costs and itemized breakdowns of the costs associated with each proposed program or special initiative included in the application for ECSP).

Please refer to the website for a [suggested template \(xlsx\)](#). Should you wish to use the template, please adapt or modify the line items as necessary to reflect your organization's revenues and expenses.

## ORGANIZATIONAL ANNUAL FINANCIAL REPORT

In a separate document, please submit the financial report for your organization's most recent fiscal year. This may include one of the following:

- *Audit*: a full audit of the organization's finances by a Chartered Professional Accountant (CPA).
- *Review Engagement*: a review of the organization's finances by a CPA.
- *Signed Financial Statement*: a statement disclosing the organization's total income, expenses and account balances signed by two signing officers.

### SECTION IV

#### FOR NEW APPLICANTS AND THOSE APPLYING AFTER 5 YEARS OR MORE:

New applicants or organizations that have not received funding within the last five years must submit copies of the following as separate documents:

1. **Minutes of Meeting Discussing ECSP Application:** Minutes of meeting where the applicant organization's board of directors discussed the core programming and/or special initiative under consideration for ECSP funding.
2. **Letters of Support:** Letters of support from two Manitoba-based not-for-profit community organizations engaged in similar activities.
3. **Copy of Organization's Constitution or By-Laws:** A copy of the applicant organization's constitution or by-laws. These documents will outline the organization's mandate, mission, the communities it serves and its governance structure.
4. **Copy of Articles of Incorporation:** A copy of the organization's articles of incorporation from the appropriate provincial or federal registering body. These documents will include the date of incorporation and type of organization (not-for-profit, for-profit, etc.)

### SECTION V

#### CHECKLIST (optional):

<b>For all applicants:</b>	
Application form completed with all required fields, attachments and signatures of two signing officers.	<input type="checkbox"/>
Programming/Special Initiative Descriptions	<input type="checkbox"/>
Financial Overview Form	<input type="checkbox"/>
Most recent organization's Financial Report	<input type="checkbox"/>
<b>For new applicants or organizations that have not received funding within the last five years:</b>	
Letters of Support	<input type="checkbox"/>
Copy of organization's constitution or by-laws	<input type="checkbox"/>
Copy of articles of incorporation	<input type="checkbox"/>
Minutes of meeting discussing ECSP application	<input type="checkbox"/>

## DECLARATION

We, the undersigned:

- have read and understood the program guidelines and understand that failure to comply with these guidelines may result in forfeiture of the grant and may jeopardize consideration of future grant requests;
- understand that, if this application is successful, my organization will be required to sign a funding agreement prior to receiving the first instalment of the approved amount and, that by accepting this payment, we agree to:
  - spend the funds as proposed and approved (the Government of Manitoba requires repayment of funds not used for the proposed and approved purposes);
  - notify their consultant as soon as possible to seek appropriate approval in the event of changes to the size, scope or dates of the event;
  - acknowledge the assistance of Manitoba Sport, Culture and Heritage in all promotional materials for which support was provided; and
  - complete a [final report](#) using the form provided by the department and submit by the deadline provided.
- We certify the statements and information contained in this application are accurate and complete.

*\*Signing officers are individuals authorized by the Board of Directors to sign for legal and financial agreements on behalf of the organization.*

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Printed Name and Title

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Signing Officer 1

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Date

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Printed Name and Title

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Signing Officer 2

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Date

### END OF APPLICATION FORM

Please submit completed application form and required documents by  
March 31 to:

[strategic.policy@gov.mb.ca](mailto:strategic.policy@gov.mb.ca)

You should receive an automated email confirming receipt of your application shortly after your submission. If you do not, please contact our office at 204-945-5632.

The Strategic Policy Branch may request additional information beyond that included in the application.

*Please keep a copy of this application for your records.*