



RURAL MUNICIPALITY OF ST. CLEMENTS

MUNICIPAL GRANTS PROGRAM

Application Form

Please review the current Municipal Grant Policy prior to and while completing your application. Applications received without the appropriate information or attachments are the sole responsibility of the applicant, and may not be processed.

Name of Organization: _____

Mailing Address: _____

Organization Address: _____

Names of Organization's Primary Officers

Name: _____ Title: _____
Phone No. _____ Fax No. _____
E-Mail: _____

Name: _____ Title: _____
Phone No. _____ Fax No. _____
E-Mail: _____

Name: _____ Title: _____
Phone No. _____ Fax No. _____
E-Mail: _____

Project Information

Location / Legal description: _____

Name of Project: _____

Description of Project: _____

Reason for Project and Benefits:

Project Costs (please provide written estimates where applicable):

Project Revenue to Date (specify other grant or sponsorship amounts and sources):

Amount Requested from Municipality: _____

Please make cheque payable to: (include mailing address if different from application information)

Authorized Signature: _____ Date: _____

Please have your completed application package returned to the Rural Municipality of St. Clements by email to info@rmofstclements.com, or by fax to (204) 482-3098 or by delivery to: ATTN: Municipal Grants, Municipal Office, 1043 Kittson Road, Box 2 Grp 35 RR 1, East Selkirk, Manitoba, R0E 0M0.