The Department of Families
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Winnipeg MB R3B 2H8
204-945-5566 in Winnipeg
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pestcontrolgrant@gov.mb.ca



# The Non-Profit Community Pest Control Grant Program Application Form

## **Non-Profit Organizations**

This grant application form is for **non-profit organizations** that require funding to conduct pest control treatment, prevention and education activities. Non-profit Organizations that have experienced an infestation in the last 6 months can access funding for prevention and treatment activities. Pest is defined as rodents, cockroaches, or bedbugs.

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

# Organization name: Organization mailing address: Property addresses requesting funding (if different from above): Name and title of contact person: Phone: Email: Identify and briefly describe the programs and/or services that your organization provides: Identify and briefly describe the target population served by your organization:

### **SECTION 2: FUNDING REQUEST**

Has your organization had a pest infestation in the past 6 months? Yes or No

Does your organization currently have a pest infestation? Yes or No

\*For treatment and prevention activities, the answer must be yes to one of the questions above in order to qualify for the grant. You may be asked for further information regarding the infestation upon review of your application.

Determination of grant amounts will be based on the following program guidelines;

- Each application can access up to \$2,000 for eligible expenses or up to \$3,000 for industrial washer and/or dryer.
- Each location can access up to \$2,000 for eligible expenses or up to \$3,000 for industrial washer and/or dryer.
- Total grants are limited to \$9,000 per organization annually.

How much funding is your non-profit organization applying for with this application?
<u>Funding Proposal:</u> Please give a complete description of your pest-related education and prevention plan, including how the items mentioned in the charts below will help you to prevent a pest infestation or to prevent the re-occurrence of an infestation. If more space is needed, please attach a separate sheet:

### **SECTION 3: DETAILED BUDGET**

### **PREVENTION**

If your organization will be using this grant, in whole or in part, for **prevention** of a pest infestation, or to prevent the re-occurrence of a Pest infestation, please give details in the chart below about the type and number of preventative items planned for purchase and cost per unit. For prices of items purchased through the **Bed Bug Prevention Materials Program**, please refer to the Manitoba Distribution Agency Catalogue.

Type of Preventative items	Number	Cost per item	Sub-total
Ex: Twin bed bug proof mattress covers	<u>15</u>	<u>\$25.00</u>	\$375.00
TOTAL PREVENTION BUDGET			

### TREATMENT

If your organization will be using this grant to hire a certified pest management professional, in whole or in part, for **treatment** of a pest infestation, please give details in the chart below about the type of treatment planned (or completed).

Type of extermination service	Rooms	Cost per Room	Sub-total
Ex: Chemical Treatment	<u>10</u>	\$50.00	\$500.00

TOTAL TREATMENT BUDGET

### **EDUCATION**

If your organization will be using this grant, in whole or in part, for **education** about Pest infestations, treatment or prevention, please give details in the chart below about the type of education materials to be purchased or prepared.

Education	Number	Cost per item	Sub-total
Ex: Print materials for participants_	<u>20</u>	\$1.00	\$20.00

### **TOTAL EDUCATION BUDGET**

DETAILED BUDGET SUMN	MARY	
Combined Total Budget:	Prevention	<u>\$</u>
	Treatment	<u>\$</u>
	Education	<u>\$</u>
	Total grant reques	t <u>\$</u>
SECTION 4: PAYMENT OF	FUNDING	
Please indicate the <b>name of</b> to, if your application is appro		<b>zation</b> the cheque should be made payable
Please make cheque payable	e to (please print):	
SECTION 5: DECLARATIO	N	
By signing below, I declare t	hat;	
1. We are a non-profit	organization	
2. All information inclu	ded in this grant appli	cation is accurate
3. I have signing author	ority on behalf of the	organization
<ol> <li>I understand that far result in this application</li> </ol>		ed, accurate and complete information may
Applicant's name (please prir	nt)	Applicant's title (please print)

Date

Applicant's signature