

Sport, Culture, Heritage and Tourism

ETHNOCULTURAL COMMUNITY SUPPORT PROGRAM (ECSP) – 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, read the [Ethnocultural Community Support Program \(ECSP\) Application Guidelines \(PDF\)](#).**
- 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 include the completed checklist (located at [Section IV](#) at the end of this form) and 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 / Incorporation Name of organization:
(If awarded funding, payment will be issued in this name)

Government of Manitoba Vendor Account Number – 7 digits: (if available) _____

Is your organization a provincially or a federally registered not-for-profit organization?

Yes No

Date of Incorporation: _____

Legal mailing address

(This must match the address on file with the organization’s financial institution.)

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Primary Phone #: _____ Organization’s Primary Email: _____

Alternate mailing address

(For correspondence purposes – **optional**.)

Street Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Alternate Phone #: _____ Alternate Email: _____

Board of Directors

Does your organization have a Board of Directors? Yes No

How often does the board meet per year? Annually Quarterly Other : _____

Type of Organizational Staff

Please indicate the estimated number of volunteers, employees and contract workers:

Volunteers: _____ # Employees: _____ # Contractors _____

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 EASTMAN INTERLAKE WINNIPEG
CENTRAL WESTMAN PARKLAND

SECTION II

Which funding stream(s) is your organization applying for?

Programming Special Initiatives Both

Please note: the Programming stream is intended to support ongoing and recurring activities, as well as previously-funded special initiatives. The Special Initiatives stream is intended to support one pilot program or a one-time event of special importance and/or to pilot a new initiative. Annually-occurring events are not eligible as a special initiative, unless it is a commemorative, milestone anniversary. Once a special initiative has been funded, it must be rolled into programming for future applications.

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

Please list your proposed programs in order of priority. If your organization is requesting funding for more than three programs, please include [another copy of the chart \(PDF\)](#) below with your application. As noted in the Guidelines, due to increasing demand, not all programming requests may receive funding, and supported activities may receive less funding than requested.

The six programming description questions below this table must be completed for each proposed program.

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)			
Is the proposed event or activity open to all Manitobans? If not, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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).
6. Is there a fee associated with accessing this program? If so, how much?
7. Please provide an explanation of how the proposed activities will take place if the organizations receives less than the requested amount. This does not impact your assessed amount.

Special Initiative Request

(one special initiative per application)

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	
Is the proposed event or activity open to all Manitobans? If not, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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).
6. Please provide an explanation of how the proposed activities will take place if the organizations receives less than the requested amount. This does not impact your assessed amount.

SECTION III

Proposed Budget

Please submit the proposed budget(s) for your organization's planned activities for the period of April 1 to March 31 using the [ECSP Budget Template \(xlsx\)](#) – downloadable from the website.

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) for **each** proposed program or special initiative included in the application for ECSP.

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: CHECKLISTS

Include the listed documents with your application. Relevant checklist(s) must be completed by applicant - check each box once each item has been confirmed.

ALL APPLICANTS

MUST SUBMIT:

- | | |
|--|--------------------------|
| Application form - fully completed and signed by 2 signing officers | <input type="checkbox"/> |
| Programming/Special Initiative Descriptions
(answers to all questions listed on pages 3 and/or 4 as applicable) | <input type="checkbox"/> |
| Proposed Budget | <input type="checkbox"/> |
| Organization's most recent, complete annual Financial Report or Statement | <input type="checkbox"/> |
| Copy of organization's constitution or by-laws | <input type="checkbox"/> |
| List of Current Board Members (name, title, contact information) | <input type="checkbox"/> |

FIRST-TIME APPLICANTS AND THOSE RETURNING AFTER A FIVE-YEAR ABSENCE

MUST INCLUDE THE FOLLOWING ADDITIONAL MATERIALS:

(Refer to [Section V, Definitions](#))

- | | |
|---|--------------------------|
| Letters of Support (2) | <input type="checkbox"/> |
| Copy of original articles of incorporation (must show date of original incorporation) | <input type="checkbox"/> |
| Minutes of meeting discussing ECSP application | <input type="checkbox"/> |

SECTION V

Definitions

1. **Minutes of Meeting Discussing ECSP Application:** Minutes of meeting where the applicant organization's board of directors discussed and approved 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 VI

Declaration (from 2 officials)

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, Heritage and Tourism in all promotional materials for which support was provided; and
 - complete a [final report \(PDF\)](#) 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.*

Printed Name and Title of Signing Officer 1

Signature of Signing Officer 1

Date of Signature 1

Printed Name and Title of Signing Officer 2

Signature of Signing Officer 2

Date of Signature 2

NOTE: YOUR APPLICATION WILL BE RETURNED IF:

- **It is incomplete,**
- **ECSP template forms are not used/are incomplete, or**
- **Supporting documentation is missing**

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

END OF APPLICATION FORM