

Manitouwadge Community Stabilization Fund Application

Organization Name:	
Address:	
Town:	Province:
Postal Code:	
Telephone:	Fax:
Email Address:	
Web Address:	
Contact Name:	Contact Title:

What type of business are you?

Non Profit Corporation

Registered Charity

Small Business 1 - 20 employees

Medium Business 21-50 Employees

Large Businesses 50 + Employees

Other (eg. Township)

Volunteer Group

******If you are a non-profit, registered charity or volunteer group you must have a written statement authorizing the application from the group or a resolution approving.**

Year of Incorporation:	Incorporation/Charitable #:
Mandate/Purpose/Vision of your organization (150 words)	

What are the main programs or services provided by your organization? (100 words)

What other groups do you work with in the community? Explain some of the ways you work together: (100 words)

How many people are involved in operating your organization?

Full Time Staff:

Part Time Staff:

Volunteers:

Membership:

How many people are directly served by your organization?

Title of project:

Start date of your project:

End Date:

Total cost of project:

Total amount requested from CSF:

How much of your own money are you investing?

How Many people will directly benefit from you project?

Indirectly?

Briefly describe your project (200 words):

How does your project meet at least one of the MEDC program categories? (Select appropriate categories 250 words each)

1. Projects that lead to investment attraction.

2. Community promotional projects.

3. Regional tourism events based in Manitowadge.

4. Investment that creates or maintains jobs in Manitowadge.

Explain why your initiative is important to Manitouwadge. (250 Words)

How will the community benefit directly from your project (250 words)

How will you carry out your project activities (150 words)?

How will you sustain the activities after receiving funding (150 words)?

Does your organization owe amounts that are in default to any institution or government?

Have you applied to the MEDC for funds before this application?

If yes, Please fill out the following:

Project Name:

Brief project description:

Amount requested: \$

Amount received: \$

Á

Project start date:

Project end date:

Project Outcome:

Have you looked at alternative sources of funding?

If Yes, please provide details:

If no, please explain:

List all partners in the community that you will be working with:

Please refer to the application check list and include an electronic copy that can only be accepted in Word or PDF format or you may submit 3 printed copies to the Manitowadge Economic Development Corporation at the NWMO Learn More Office.

Declaration:

As the lead contact(s) and authorized signing officer(s), I confirm that the information contained in this application and the accompanying documents is true, accurate and complete. I acknowledge that if this application is approved, I will be required to enter into a formal, legally binding agreement with the Manitowadge Economic Development Corporation that will outline the terms and condition of the Community stabilization Fund Investment. I also confirm the undersigned have the legal ability to bind the organization into such an agreement. If the Manitowadge Economic Development Corporation discovers that this application contains a misrepresentation, this application shall be deemed to be withdrawn immediately by the Applicant. I understand that the application becomes the property of the Manitowadge Economic Development Corporation and all decisions made regarding my application are final.

The Applicant agrees to provide any additional information that the Manitowadge Economic Development Corporation may reasonably require for purposes of assessing this application.

Authorized Signature

Date

Name (Print)

Title

Authorized Signature (if applicable)

Date

Name (Print)

Title

List of Attachments

Please indicate which items you are including with your application

Appendix 1: _____

Appendix 2: _____

Appendix 3: _____

Appendix 4: _____

Appendix 5: _____

Appendix 6: _____

Appendix 7: _____

Appendix 8: _____

Appendix 9: _____

Appendix 10: _____