



**LAKE  
WINNIPEG  
FOUNDATION**

3<sup>rd</sup> Floor, 303 Portage Avenue  
Winnipeg, Manitoba  
R3B 2B4  
(204) 956-0436

Registered Charity #830107272RT0001  
<http://www.lakewinnipegfoundation.org>

## 2012 APPLICATION FOR LWF SUPPORT

### I. APPLICANT INFORMATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Date established \_\_\_\_\_ Annual volunteer hours \_\_\_\_\_ No. of full time employees \_\_\_\_\_

Charitable Registration Number \_\_\_\_\_ Website \_\_\_\_\_

**General description** of your organization, including the population and principal geographic area you serve.

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**ATTACHMENTS** required relating to your organization:

- A copy of the latest Financial Statement.
- A copy of the latest Annual Report.
- A list of the Executive Officers and Directors.

### 2. PROJECT INFORMATION \* If attaching additional page(s), please label the section information accordingly.

Amount requested \_\_\_\_\_ Total project cost \_\_\_\_\_ For when are the funds needed? \_\_\_\_\_

**A. Project Purpose.** Describe the project's purpose and how it relates to your organization's mission.

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**B. Project Rationale.** Cite evidence of the need for the project and its significance to the local community. Describe any consultations held with government and/or other agencies that relate to this project.

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**C. Deliverables.** How will you measure achievement of your project's objectives? Include a timeline for implementing these objectives. What is your plan for evaluating the project's benefits and costs?

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**D. Capacity.** Describe the capability of your organization to conduct the project and note special staff qualifications.

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**E. Continuity.** If this project is successful, what financial resources will be available for its continuation?

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**ATTACHMENTS** required before your project will be considered for funding:

- Project Budget
- A list of other funders approached and their responses
- Two letters of support from organizations acknowledging the value of your project

This application must be signed by the President or another Officer of the organization's governing board:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name of lead individual from whom further information may be obtained:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone