

BINGO ALLOCATIONS

Program Purpose

To provide an opportunity for eligible Community Sport Partners who are working in partnership with a Provincial Sport Organization to work and/or receive a grant from a Sport Manitoba allocated bingo.

Criteria

Regional bingos will be allocated to support any/all of the following:

- Special grants to support the hosting of major events/championships that will leave a legacy for sport.
- Special grants to support sport development opportunities that will leave a legacy for sport.
- New or existing programs that your Regional Sport Council would deliver with a sport partner.
- Receipts are mandatory with post event report
- For other examples please call your regional manager

Funding Levels

- Grants may vary in size from region to region up to a maximum of \$3,000.00.
- Receipts are mandatory along with a post event report.
- Prior to making an application for Bingo's contact your Regional Sport Manager at 1-866-774-2220 or see page 4.
- Eligibility does not ensure assistance.

NOTE:

Community Sport Partners organizations that are allocated a Regional Bingo Date will either:

- Provide all of the volunteers (7 minimum) that are required to work the assigned bingo in Winnipeg or;
- Each Region receives 4-5 Bingo's annually. Bingo's are allocated to each region quarterly
- Any Bingo allocated that is worth \$1000.00 or more with the funds intended for an "event" is subject to a "sponsorship" contract that would have to be agreed upon prior to approving the application.



COMMUNITY DEVELOPMENT GRANT APPLICATION FORMS

BINGO ALLOCATIONS

* Please note that eligibility does not ensure assistance.

**All applications must include a signed covering letter indicating the nature of their sport development initiative/program and the benefit expected if they receive the grant. Applications must also include a budget.

Host Organization Information:

Club/School/Association Name: _____ Sport: _____

Sport Associations/Clubs/Teams only:

Are you a registered member of the Provincial Sport Organization for this sport? Yes No

Mailing Address: _____ Postal Code: _____

Applicant Name: _____

Make cheque payable to: _____

Phone: _____ (h) _____ (w) _____ (c)

Fax: _____ E-mail: _____

Applicants Signature: _____ Date: _____

Project/Event Information

Name of Project/Event/Program: _____

Other Project/Event/Program Partners: _____

Date of Project/Event/Program: _____

Location: _____ Total expected # of participants: _____

Participating Towns/Communities/Regions: _____

Participants Involved: Males Females Athletes Coaches Officials

Age Range of Participants: from _____ to _____

Office use only:
Account # _____
Pre- Approved: \$ _____
Letter sent ____ Date: _____



PROPOSED BUDGET BINGO ALLOCATIONS

(This report must be enclosed with your application.)

Please complete all applicable sections

ESTIMATED REVENUE

Registration fees: _____ X _____ = \$ _____
of participants registration fee

Host Organization Contribution: \$ _____

Partner Organization Contribution: \$ _____

Sponsorship / Donations: \$ _____

Other: (Please specify; fundraising, gate receipts etc.) \$ _____

TOTAL REVENUE \$ _____

ESTIMATED EXPENSES

Clinician or Officials:

Game Fees: # of games _____ X \$ _____ per game \$ _____

Honoraria: \$ _____ per hour X _____ hour \$ _____

Travel Cost: \$ _____

Accommodation/Meals: \$ _____

Equipment: _____ \$ _____
(Please provide a detailed list)

Administration: _____ \$ _____
(Please specify)

Facility rental: _____ X _____ = \$ _____
of hours Rate per hour

TOTAL EXPENSES \$ _____

EXPENSES OVER REVENUE \$ _____

GRANT AMOUNT REQUESTED \$ _____

(If your application is projecting a surplus, please provide an explanation on what you will be using this surplus for)



POST EVENT REPORT BINGO ALLOCATIONS

Project/Event Information

Name of Project/Event/Program: _____

Sport: _____ Date(s) Project/Event/Program _____ to _____

Location: _____ Participating Towns/Communities: _____

Participants: Males _____ Females _____ Final # of participants: _____

Age Range of Participants: from _____ to _____



Information Verification Statement

I confirm that the above information to be true and accurate and I have enclosed copies of all expense receipts/invoices to verify the financial statement.

Claimant's Name: _____ Title/Position: _____

Phone # : _____ (h) Phone # : _____ (w)

Mailing Address: _____ Postal Code: _____

Cheque made payable to: _____

Claimant's Signature: _____ Date: _____

Note: Post Event report must include a budget and receipts

<p>Office use only:</p> <p>Account # _____</p> <p>Approved: \$ _____</p> <p>PO# _____ Date: _____</p>



ACTUAL REVENUE

Registration fees: _____ X _____ = \$ _____
of participants registration fee

Host Organization Contribution: \$ _____

Partner Organization Contribution: \$ _____

Sponsorship / Donations: \$ _____

Other: _____ \$ _____
(Please specify; fundraising, gate receipts etc.)

TOTAL REVENUE \$ _____

ACTUAL EXPENSES

Clinician or Officials:

Game Fees: # of games _____ X \$ _____ per game \$ _____

Honoraria: \$ _____ per hour X _____ hour \$ _____

Travel Cost: \$ _____

Accommodation/Meals: \$ _____

Equipment: _____ \$ _____
(Please specify)

Administration: _____ \$ _____

Facility Rental: _____ X _____ = \$ _____
of hours Rate per hour

Other: _____ \$ _____ >

TOTAL EXPENSES \$ _____

“Revenue over expenses” \$ _____

(If your application is projecting a surplus, please provide an explanation on what you will be using this surplus for)
