



WASYL TOPOLNICKY MEMORIAL FOUNDATION, INC.

952 MAIN ST. WINNIPEG, MANITOBA R2W 3P4 TELEPHONE: (204) 989-7710 FAX: (204) 589-2529

COMMUNITY SUPPORT FUNDING PROGRAM GUIDELINES

The Wasył Topolnický Memorial Foundation has been established in memory of Wasył Topolnický, the father of the Ukrainian credit union movement in Canada and founder of Carpathia Credit Union.

Foundation dedicated to supporting the preservation, promotion, and advancement of Ukrainian arts, culture, heritage, and education in Manitoba.

ELIGIBILITY CRITERIA

- The applicant must be a registered Canadian charitable organization or qualified applicant, as defined by the Income Tax Act.
- The applicant should be a group / organization with a proven track record of making responsible use of funds.

SUPPORT

- Support will be to a maximum of \$2,500 per application. Special projects exceeding this amount may be considered.
- Funding will be awarded for a fixed term.
- The Foundation will consider one project per year, per group / organization.

GENERAL DEADLINE

- Application requests will be reviewed and considered three times per year. Support to qualifying charitable organizations will be dependent on available funds.

Submission deadlines: May 31st; August 31st and December 31st.

- Projects must be completed within twelve months following approval, unless otherwise indicated.

APPLICATION

- Applicants are required to complete all sections of the application form. No other form, size or type will be considered. Original typewritten or legibly handwritten responses in advance of the deadline. Faxed copies will not be accepted.
- All attachments as specified must be included. Incomplete applications will not be considered.
- All applications must be submitted by the deadline to:

Wasył Topolnický Memorial Foundation Inc.
c/o Carpathia Credit Union Ltd., Corporate Office
3rd floor, 952 Main Street
Winnipeg MB R2W 3P4

TERMS AND CONDITIONS

- Financial support is paid in two installments
 - The first installment of 50% will be provided up to three months prior to the commencement of the project
 - The second installment will be provided upon receipt of the post project report.
- Applicants receiving support are required to provide within three months after completion of this project, a post-event report including:
 - Financial statements
 - Advertising and promotion materials
 - Relevant press clippings
 - Attendance figures
- Any project changes require notification and approval of the Foundation, prior to receipt of final payment.
- Any approved projects exceeding one year, must submit annual status reports.
- Final Payment will not be made to any applicant until a satisfactory post project report has been submitted.

ACKNOWLEDGEMENT OF SUPPORT

The recipient will acknowledge the funding of the Wasył Topolnicky Memorial Foundation Inc. in all project related publicity including event program, brochures, newspaper publications, television and radio advertising, press-releases and media conferences.

For support of \$500 or more, the Wasył Topolnicky Memorial Foundation will receive:

- a minimum of one half (1/2) page for advertising in the event program
- a minimum of 4 event tickets.

For support of \$100 - \$499, the Wasył Topolnicky Memorial Foundation name and logo to appear.

For support under \$100 the Wasył Topolnicky Memorial Foundation name to appear with credit line.

Note: Wasył Topolnicky Memorial Foundation will provide camera-ready and electronic format artwork.

Site Signage: when possible, Wasył Topolnicky Memorial Foundation banner to appear in association with the supported project.

The Wasył Topolnicky Memorial Foundation reserves the right to publicize all funded projects.

Wasył Topolnicky Memorial Foundation will be given first right of refusal to host any media or social event in connection with the project.

Wasył Topolnicky Memorial Foundation reserves the right to purchase tickets to events sponsored by same to be used as promotional give away items.



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APPLICATION FORM

1. Applicant Information

Name of Organization _____

Mailing Address _____

Postal Code _____

Telephone _____ Fax _____

Contact Person for this Application:

Name _____

Position in organization _____

Address _____

Postal Code _____ E-mail _____

Telephone (day) _____ Telephone (evening) _____

2. Organizational Information

Type of Organization: national regional provincial local

Year / Date established _____

Is your organization incorporated? yes no

If yes, under which laws? provincial federal

Is your organization registered as a charitable organization? yes no

If yes, please give registration number * _____

Number of Members in Organization _____

Bank account maintained at _____

If account at the Carpathia Credit Union please provide member number _____

Does your organization have:

A) Board of Directors? yes no appointed elected

B) An Executive? yes no appointed elected

If these positions are elected, how often are elections held? _____

If these positions are appointed, who appoints them? _____

Is your organization affiliated with any other organizations? yes no

If yes, please name _____

3. Principal Officers

President _____

Address _____ Postal Code _____

Telephone (day) _____ Telephone (evening) _____

Vice – President _____
Address _____ Postal Code _____
Telephone (day) _____ Telephone (evening) _____

Secretary _____
Address _____ Postal Code _____
Telephone (day) _____ Telephone (evening) _____

Treasurer _____
Address _____ Postal Code _____
Telephone (day) _____ Telephone (evening) _____

Other board members:

Name _____
Name _____
Name _____

4. Membership

Who is eligible for membership? _____

How many members do you have now? _____

Briefly describe aims of your organization _____

Fiscal year of organization from _____ to _____

5. Funding Request

Title of Project _____

Amount requested _____ Total Project Cost _____

Provide description and objectives of the project _____

Date of Event _____ Project completion date _____

Anticipated attendance (if applicable) _____

6. Budget

Please provide budget details for this project including a realistic projection of revenues and expenses:

(1) REVENUE

Commitment from your group:

| | |
|-----------------------|----------------------------------|
| Rent | \$ _____ |
| Admissions (concerts) | \$ _____ |
| Concessions | \$ _____ |
| Fees for performances | \$ _____ |
| Registration fees | \$ _____ |
| Fundraising | \$ _____ |
| Other (specify) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| | Total group commitment: \$ _____ |

Government Departments / Agencies (specify source and amount)

| | |
|-------|--|
| _____ | \$ _____ |
| _____ | \$ _____ |
| | Total government departments/agencies \$ _____ |

Private Donations and other sources (specify source and amount)

| | |
|-------|--|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| | Total private and other donations \$ _____ |
| | TOTAL REVENUE \$ _____ |

(2) EXPENDITURES

Administration and project costs:

| | |
|-------------------------------------|------------------------------------|
| Salaries, benefits, honoraria, etc. | \$ _____ |
| Travel | \$ _____ |
| Advertising, promotion | \$ _____ |
| Membership | \$ _____ |
| Newsletter | \$ _____ |
| Office supplies | \$ _____ |
| Rental / Utilities | \$ _____ |
| Telephone / Postage | \$ _____ |
| Other (specify) | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| | TOTAL EXPENDITURES \$ _____ |

| | |
|-------------------------|-----------------|
| (3) _ (1) TOTAL REVENUE | \$ _____ |
| (2) TOTAL EXPENDITURES | \$ _____ |
| SURPLUS/DEFICIT | \$ _____ |

Please provide details of acknowledgment of support to be provided: _____

- PLEASE ATTACH:**
1. A copy of your constitution or by-laws
 2. A summary of your prior year's activities
 3. A financial statement of last year's operations

