



Manitoba *in motion* Physical Activity Grants Application

A. Contact Information:

Contact Person	
Lead Organization	
Address <i>(street, town, postal code)</i>	
Phone Number	
Fax Number	
Email Address <i>(only include e-mail address if it is an address that is checked regularly)</i>	
Communities involved <i>(list all communities as well as your own)</i>	

B. Community Partners

Please list all community partners, including your own organization. If you are part of a Community *in motion*, please ensure your Community *in motion* partners are included in the partners list. Add a separate sheet if necessary.

To find out if your Community is “in motion” and who the contacts are, visit the Manitoba *in motion* website at www.manitobainmotion.ca and click on “Communities”.

Community Partners:

Name of Individual	Organization or Affiliation

C. Target population

Please check (✓) the group(s) that you will be working with. Check as many as applicable:

- | | |
|--|---|
| <input type="checkbox"/> General community | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Preschool children | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> School-age children | <input type="checkbox"/> Communities of interest (such as persons with disabilities, girls and women, etc.) |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Others (Please specify) |
| <input type="checkbox"/> Families | <input type="checkbox"/> _____ |

D. Goal of project

Please check (✓) the main goal(s) of your project.

- Develop an action plan to become a **Community *in motion***.
- Increase awareness among citizens of the health and personal benefits of active living.
- Remove barriers to physical activity.
- Develop ways to reach inactive groups of people.
- Provide new or expanded opportunities for active living.
- Implement a workplace physical activity strategy.
- Create local policy, plans, and programs for physical activity.
- Other

(Please list)

E. Project Description

Please provide a brief overview of the project. Use the following page or attach a separate sheet if necessary. No more than two pages please.

Summarize key activities and timelines. Include information on facilities, equipment, dates, etc. Be sure to answer the following questions:

- What impact will the project have on the community and / or target population?
- How many people will participate?
- How does the project address barriers to physical activity?
- How does the project build partnerships within the community?
- What contributions will the partners make?
- How does the project promote activities that lead to life long physical activity?
- How will you measure the success of the project?
- How will you ensure your project is accessible?
- How will you be able to sustain this project?

Project Description:

Has this activity been offered in your community before? Yes No

If yes, how is it being expanded / modified?

F. Budget

Please complete the following detailed budget.

List all revenue (including partner contributions, fundraising and other grants, gifts-in-kind and other sources) and all expenses.

Applicants may apply **for up to 50 per cent of total project costs** to a maximum of \$3,000 (three thousand dollars). Applicants must show matching funds in the amount they are applying for. For example, if you are applying for \$3,000, you must show matching revenue of \$3,000.

Funds Requested

\$ _____

REVENUE	
Cash contributions, fundraising and other grants	\$ _____
In-kind contributions (non-cash – please list)	\$ _____
Other sources (please list)	\$ _____
TOTAL REVENUE	\$ _____
EXPENDITURES (Please list)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENDITURES	\$ _____
TOTAL Surplus/Deficit*	\$ _____

*Note: Your budget should reflect a **deficit** in the amount you are applying for or greater. For example, if you are applying for \$3,000, your deficit should be \$3,000 or greater.

G. Payment

Please indicate which organization the cheque should be made payable to if your application is approved. Cheques must be made out to an organization and not to an individual.

If application is approved make cheque payable to:

Cheques will be written to the specified organization using the exact spelling you have indicated.

H. Submit Application

Please return your completed application by mail, fax or e-mail to:

Manitoba Healthy Living
Manitoba *in motion* Grants
2nd floor-300 Carlton Street
Winnipeg MB R3B 3M9
Fax: (204) 948-2366
E-mail : inmotion@gov.mb.ca

Note: If you are submitting your application by e-mail write “Manitoba *in motion* Grant Application” in the subject line.