MANITOBA HERITAGE TRUST PROGRAM

Application Form

Date: _____

Museum, Archive, Supporting Organization Information

Organization: _____

Contact Person: _____ Title: _____

Address: _____

Town/City: _____ , MB Postal Code: _____

Email: _____ Phone: _____

Website: _____

Is your annual operating budget under $2 million?　　☐ Yes　　☐ No - Sorry, you do not qualify.

☐　We are a member of Association of Manitoba Museums.

☐　We are accredited by the Association for Manitoba Archives.

Select one of the three following options:

☐　We are a registered charity in good standing with CRA for at least one year.

　　Registered Charity #:_____

☐　We are not a registered charity but have been associated with a registered charity for at least one year.

　　Associated Registered Charity:_____

　　Their Registered Charity #:_____

☐　We are not a registered charity but have been under the authority of a public body or institution for at least one year. (See CRA Other qualified donees listings for town/city/RM)

　　Public Body / Institution:_____

　　Date registered with CRA: _____

1350 - ONE LOMBARD PLACE, WINNIPEG, MB, R3B 0X3 | 204-944-9474 | TF: 1-877-974-3631 | F: 204-942-2987 | HERITAGE@WPGFDN.ORG | ENDOWMANITOBA.CA

The Manitoba Heritage Trust Program is administered by:　THE WINNIPEG FOUNDATION　Your Community Foundation　For Good. Forever.　endowmanitoba.ca

Program partners:　Manitoba　ASSOCIATION for MANITOBA ARCHIVES　ASSOCIATION of MANITOBA MUSEUMS

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Museum, Archive, Supporting Organization Information (continued)

Does your organization offer the public access to your materials?　　☐ Yes　　☐ No

If yes, please explain.

_____

Do you have a primary mandate to support the identification, collection, preservation, and interpretation of any artifacts, documentary heritage, designated heritage sites/structures or works of visual art/fine craft, that are of recognized importance to the unique historical development of Manitoba?　　☐ Yes　　☐ No

If yes, please explain.

_____

Local Community Foundation Information

Community Foundation: _____

Contact Person: _____ Title: _____

Address: _____

Town/City: _____ , MB Postal Code: _____

Email: _____ Phone: _____

Website: _____Registered Charity #: _____

Are you willing to create a permanent endowment fund at your local community foundation? ☐ Yes　　☐ No

If no, please explain.

_____

Do you have or will you have $2,500 to establish your endowment fund?　　☐ Yes　　☐ No

If no, please explain.

_____

Thank you for your application! Organizations will be notified within 10 working days.
Only complete applications will be considered, and additional information may be requested.

Email or mail completed forms to:
Denise Campbell, Program Specialist – Endow Manitoba

Email:　　heritage@wpgfdn.org
Mail:　　The Winnipeg Foundation
　　　　　1350 One Lombard Place
　　　　　Winnipeg MB R3B 0X3

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Profile #:_____		
Grantee	☐ Yes	☐ No
ACH	☐ Yes	☐ No

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ASSOCIATION of MANITOBA MUSEUMS