Request for funding

Please complete this application and submit to Manitoba Public Insurance at least 60 days before the event, program or project commences (or six months if request amount is \$5,000 or more).

| Organization name: | Application date: | | | |
|--|-------------------|--|--|--|
| Event/Program location: | | | | |
| Address: | Postal code: | | | |
| Contact: | Phone: | | | |
| E-mail address: | Fax: | | | |
| | | | | |
| Fundraising event date(s) or duration of program or project date: | | | | |
| Event, program or project name: | | | | |
| Objectives of event, program or project: | | | | |
| Brief description of the event, program or project: | | | | |
| | | | | |
| What year did this event, program or project begin? | | | | |
| Amount of money requested from Manitoba Public Insurance: \$ | | | | |
| How would our funding be applied to the event, program or project? | | | | |
| Please submit a draft budget of revenue and expenses for this event, program or project. | | | | |
| What is the net profit goal for this event, program or project? \$ | | | | |
| How many people are expected to attend the event, program or project: (Check one) | | | | |
| □ Up to 250 □ 251-550 □ 55 | 51-750 | | | |

(continued on next page)



| What age categories are targeted for this event, program or project: (Check all that apply) | | | | |
|---|--|----------------------------|--|--|
| Children 6-12 | □ Youth 13-24 | ☐ Adult 25-55 | ☐ Seniors 55+ | |
| What is your organization's size? (Check one) | | | | |
| □ 0 Staff | □ 1-5 Staff | Over 5 Staff | | |
| Manitoba Public Insurance is the province's provider of motor vehicle insurance. Our community funding focuses on supporting Manitoba initiatives that relate to our business. Please indicate which of these business interests your event, program or project relates to: | | | | |
| Our insurance | products | | ☐ Our road safety programs | |
| Our vehicle loss | s prevention program | ı | ☐ Our claims process – vehicle repair | |
| Our claims prod | cess – injury | | □ None | |
| Check all that apply □ Public service a □ Display Manito □ Golf registratio □ Manitoba Publi □ Program ad | nnouncement ba Public Insurance n c Insurance summer c Insurance staff par | brochures/print materials | Manitoba Public Insurance receive? □ Table/booth □ Signage □ Contests/promotions □ Corporate table □ Corporate tickets □ Spokesperson □ Website acknowledgment | |
| What other companies or organizations are you approaching for funding? (Including provincial Crown corporations) | | | | |
| Does your organiz | ation host this event | , program or project every | year? | |

If you have questions about filling out this form

Please call Sandra Dudych at (204) 985-8664 or e-mail at sdudych@mpi.mb.ca.
When you have completed the form, please e-mail it (including attachments) to Sandra or send by mail or fax to:
Manitoba Public Insurance
Room 820 – 234 Donald Street,
Winnipeg, MB R3C 4A4

Fax: (204) 942-2216

Please visit our website, www.mpi.mb.ca, for more information about our community relations policies and programs.

This completes the first step in requesting community funding from Manitoba Public Insurance. We may contact you to review your application and request further information, if needed.

