UNIVERSITY OF MANITOBA FACULTY OF ARCHITECTURE ENDOWMENT FUND

DIGITAL GRANT APPLICATION

Read all instructions carefully before completing the application form. Information that is not correctly filled out, including project dates and budget, may not be considered for funding.

Refer to Application Information for details. PLEASE SUBMIT COMPLETED APPLICATION TO: Arch.EndowmentFund@umanitoba.ca

1.0 Applicant (individual or Project Director)

- .1 Name:
- .2 Faculty Affiliation:
- .3 Mailing address:
- .4 Telephone: day: evening:
- .5 Email Address:

2.0 Additional Team Members (if any)

- .1 Name:
- .2 Faculty Affiliation:

3.0 Project Information

- .1 Short Title of Project:
- .2 Project Type: (research, special activity, equipment, other)
- .3 Grant Amount Requested: \$
- .4 Expected Start Date: Project Duration/months:
- .5 Completion Date:

4.0 Detailed Description of Project

Please provide supporting information under the following headings in sufficient detail to permit an informed judgment by members of the selection committee.

.1 Concise statement of the problem or issue

.2 Scope and objectives of the proposed project

.3 Plans and methods by which the project will be carried out

.4 Anticipated form of output from the project

Project relevance Please refer to Faculty of Architecture Endowment Fund Terms of Reference: Proposal Assessment (selection process and criteria) section 7.0

5.0 Statement of Proponents' Qualifications and Experience

.5

6.0 Project Budget (Required) Please fill in all applicable line items including confirmed & proposed sources & expenses		
	REVENUES	\$
•	FOA Endowment Fund Request	
•		
•	Federal Government	
•	Provincial Government	
•	City of Winnipeg	
•	Individual Donations	
•	Corporate Donations & Sponsorship	
•	Foundations	
•	Fundraising	
•	Admission, Sales, Commissions	
•	Other (specify):	
	*Total Revenues	
.2 E	XPENSES	
•	Supplies / Materials	
•	Production / Exhibition	
•	Salaries / Honoraria	
•	Marketing / Fundraising	
•	UM Administration / Overhead	
Oth	er (specify):	
	*Total Expenses	

* Note total *expenses* should <u>match</u> total *revenues*

7.0 References (Required)

- .1 Name:
- .2 Faculty Affiliation:
- .3 Mailing address:
- .4 Telephone: day: evening:
- .5 Email Address:
- .1 Name:
- .2 Faculty Affiliation:
- .3 Mailing address:
- .4 Telephone: day: evening:
- .5 Email Address:
- 8.0 Applicant's signature (Required):

Date:

THANK YOU FOR YOUR INTEREST IN THE FACULTY OF ARCHITECTURE ENDOWMENT FUND