

WINNIPEG POLICE SERVICE ENDOWMENT FUND GRANT APPLICATION

	DATE:	
ORGANIZATION OR GROUP:		(YY MM DD)
CONTACT NAME:		
LAST NAME		INITIAL
MAILING ADDRESS:		
	FAX NUMBER:	
WEBSITE: (if applicable)		
CRA REGISTERED CHARITABLE #		
PROJECT / PROGRAM TITLE:		
ESTIMATED COST OF PROJECT / PROGRAM:	AMOUNT REQUES	TED:
PROJECT START DATE:		
PROJECT END DATE: (timeline for completion)		
Describe how you will implement the project / pro	gram, including specific activities a	and timelines.
How it will align with the police service philosophy	of crime prevention through social	al development:
Indicate how you will measure the success of the	project:	
Additional information:		