

The Department of Families
200 – 352 Donald Street
Winnipeg MB R3B 2H8
204-945-5566 in Winnipeg
or toll free 1-866-689-5566 in Manitoba
pestcontrolgrant@gov.mb.ca



The Non-Profit Community Pest Control Grant Program Application Form

Non-Profit Organizations

This grant application form is for **non-profit organizations** that require funding to conduct pest control treatment, prevention and education activities. Non-profit Organizations that have experienced an infestation in the last 6 months can access funding for prevention and treatment activities. Pest is defined as rodents, cockroaches, or bedbugs.

Please complete all sections in full. Incomplete applications will result in processing delays.

SECTION 1: ORGANIZATION INFORMATION

Organization name: _____

Organization mailing address: _____

Property addresses requesting funding (if different from above): _____

Name and title of contact person: _____

Phone: _____ Email: _____

Identify and briefly describe the programs and/or services that your organization provides:

Identify and briefly describe the target population served by your organization:

SECTION 3: DETAILED BUDGET

PREVENTION

If your organization will be using this grant, in whole or in part, for **prevention** of a pest infestation, or to prevent the re-occurrence of a Pest infestation, please give details in the chart below about the type and number of preventative items planned for purchase and cost per unit. For prices of items purchased through the **Bed Bug Prevention Materials Program**, please refer to the Manitoba Distribution Agency Catalogue.

<u>Type of Preventative items</u>	<u>Number</u>	<u>Cost per item</u>	<u>Sub-total</u>
<i>Ex: Twin bed bug proof mattress covers</i>	<i>15</i>	<i>\$25.00</i>	<i>\$375.00</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTAL PREVENTION BUDGET</u>			_____

TREATMENT

If your organization will be using this grant to hire a certified pest management professional, in whole or in part, for **treatment** of a pest infestation, please give details in the chart below about the type of treatment planned (or completed).

<u>Type of extermination service</u>	<u>Rooms</u>	<u>Cost per Room</u>	<u>Sub-total</u>
<i>Ex: Chemical Treatment</i>	<i>10</i>	<i>\$50.00</i>	<i>\$500.00</i>
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTAL TREATMENT BUDGET</u>			_____

EDUCATION

If your organization will be using this grant, in whole or in part, for **education** about Pest infestations, treatment or prevention, please give details in the chart below about the type of education materials to be purchased or prepared.

<u>Education</u>	<u>Number</u>	<u>Cost per item</u>	<u>Sub-total</u>
<i>Ex: Print materials for participants</i>	<i>20</i>	<i>\$1.00</i>	<i>\$20.00</i>
_____	_____	_____	_____
_____	_____	_____	_____
<u>TOTAL EDUCATION BUDGET</u>			_____

DETAILED BUDGET SUMMARY

Combined Total Budget: Prevention \$ _____
 Treatment \$ _____
 Education \$ _____
 Total grant request \$ _____

SECTION 4: PAYMENT OF FUNDING

Please indicate the **name of the non-profit organization** the cheque should be made payable to, if your application is approved.

Please make cheque payable to (please print):

SECTION 5: DECLARATION

By signing below, I declare that;

- 1. We are a non-profit organization
- 2. All information included in this grant application is accurate
- 3. I have signing authority on behalf of the organization
- 4. I understand that failure to provide detailed, accurate and complete information may result in this application being denied.

Applicant's name (please print)

Applicant's title (please print)

Applicant's signature

Date