



Funding Criteria Eligibility Check list for Organizations 2009 – 2010

___ Non Profit Status or have an incorporated partner willing to act as a sponsor.
Please indicate the name of this sponsor and to whom a funding cheque should be endorsed.

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___ Organization's management is directed by an incorporated board of volunteers and meets at least four times per year.

___ Budget provided

___ Meets one or more of the four pillars of Healthy Child Manitoba
Physical health & well-being _____
Learning and Literacy _____
Positive parenting _____
Capacity building _____

___ Partnering is evident in letter and description.

___ Organization serves within the boundaries of Central Region.

___ Completed a Child Abuse Registry and Criminal Record Check for all staff and volunteers.

Special Initiative funding request: _\$_____

