

## Bed Bug Grant Program Application Form

This grant provides **community based non-profit organizations** with funding for bed bug management, including treatment, prevention and education.

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

### ORGANIZATION INFORMATION

Organization name: \_\_\_\_\_

Organization mailing address: \_\_\_\_\_

Property address requesting funding (if different from above): \_\_\_\_\_

Name / title of contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Organization type (check all that apply):

- non-profit organization. Specify \_\_\_\_\_
- licensed child care facility
- other. Specify \_\_\_\_\_

Identify and briefly describe the programs and services that your organization provides.

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

Has your organization had an infestation of bed bugs in the past?  Yes or  No

If yes, provide the dates and how you treated the problem.

Does your organization currently have an infestation of bed bugs?  Yes or  No

**SECTION 2 FUNDING REQUEST**

How much funding is your organization applying for with this application (up to \$2,000.00)? \_\_\_\_\_

Has your organization previously received funding for bed bug treatment, education or prevention products or services for this location?  Yes or  No

Was this funding from municipal, provincial, federal programs or another organization?  Yes or  No

If yes, name those programs and organizations, the amount of funding and the year funding was received.

How will your organization plan to use this grant?

- Prevention (ex: mattress covers, washer and dryers, etc.)
- Treatment (ex: cost sharing extermination fees)
- Education (ex: pamphlets, presentations, other printed materials, etc.)

**Funding Proposal:** Please provide a complete description of your education and prevention plan including how the products or services mentioned in the charts below will help you to prevent a bed bug infestation or to prevent the re-occurrence of a bed bug infestation. If additional space is required, please attach a separate sheet.

## SECTION 3 DETAILED BUDGETS

### PREVENTION

If your organization will be using this grant, in whole or in part for **prevention** of a bed bug infestation, or to prevent the re-occurrence of a bed bug infestation, please provide 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.

| Type of preventative items                           | Number | Cost per item | Sub-total |
|--|--------|---------------|-----------|
| <i>Ex: Twin bed bug proof mattress covers</i>        | 15     | \$ 25.00      | \$ 375.00 |
| <i>Ex: Full/double bed bug proof mattress covers</i> | 5      | \$ 30.00      | \$ 150.00 |
|  |        |               |           |
|  |        |               |           |
|  |        |               |           |
|  |        |               |           |
| Total prevention budget                              |        |               | \$        |

### TREATMENT

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

| Type of extermination service | Rooms | Room      | Sub-total |
|-------------------------------|-------|-----------|-----------|
| <i>Ex: Chemical treatment</i> | 10    | \$ 50.00  | \$ 500.00 |
| <i>Ex: Heat treatment</i>     | 1     | \$ 200.00 | \$ 200.00 |
|                               |       |           |           |
|                               |       |           |           |
| Total treatment budget        |       |           | \$        |

*NOTE: Required: An official quote from a professional exterminator **must be attached** to this application, in support of any costs itemized above.*

### EDUCATION

If your organization will be using this grant, in whole or in part for **education** about bed bug infestations, treatment or prevention, please provide details in the chart below about the type of education materials requested.

| Education  | Number | Cost per item | Sub-total |
|--|--------|---------------|-----------|
| <i>Ex: Print materials to hand out to participants</i> | 20     | \$ 1.00       | \$ 20.00  |
|  |        |               |           |
|  |        |               |           |
|  |        |               |           |
| Total education budget                                 |        |               | \$        |

## DETAILED BUDGETS SUMMARY

|                        |  |                 |
|------------------------|--|-----------------|
| Combined Total Budget: | Prevention   | \$ _____        |
|                        | Treatment  | \$ _____        |
|                        | Education  | \$ _____        |
|                        | <b>Total grant requested</b> (Not to exceed \$2000.00) | <b>\$ _____</b> |

## 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):

\_\_\_\_\_

Goods and Services Tax Number: \_\_\_\_\_

Preferred payment option

- Direct Deposit  
 Cheque

## SECTION 5 DECLARATION

By signing below, I state that all information included within this grant application is to the best of my knowledge accurate and confirm that I have been granted signing authority on behalf of the company.

I understand that failure to provide detailed, accurate and complete information may result in this application being denied.

\_\_\_\_\_

*Applicant name (please print)*

\_\_\_\_\_

*Applicant title (please print)*

\_\_\_\_\_

*Applicant signature*

\_\_\_\_\_

*Date*