



**Saskatchewan  
Culture, Youth  
and Recreation** Community  
Initiatives  
Fund



# **Aboriginal Participation Initiative**

## **Urban Aboriginal Community Grant Program**

**Application Form For:  
2012 – 2013**

**APPLICATION DEADLINE for 2012-2013**

**January 22, 2012**





Application Form for Community Organizations
Aboriginal Participation Initiative
Urban Aboriginal Community Grant Program

1. Applicant Information

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate contact for your organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

The following documentation is required:

- One signed copy of the organization's most recent audited financial statement...
A copy of a letter from the Corporations Branch verifying current incorporation status...
A short outline of the organizational mandate or goals.
If Organizations are partnering with another organization a letter of support from the partnering organization should be included.





2. **Project Name:** \_\_\_\_\_

3. **Which category of activity would you consider your project?**

Sport       Culture       Recreation

4. **What is the grant amount being requested: \$**\_\_\_\_\_

Have you received grant funding for this project in prior years?

No

Yes If yes, please indicate source and amount \_\_\_\_\_.

If this is not a new program, how do you plan to change this project to increase participation? Please answer the following.

a) How many more people are you estimating will participate than previously? \_\_\_\_\_

b) How did you determine that there is a continuing need for this program?

5. **Please provide a brief project description.**

6. **Please list project objectives:**



**7. Indicate the length and duration of the program:**

Starting Date of Project: \_\_\_\_\_

Completion Date of Project: \_\_\_\_\_

Program dates: \_\_\_\_\_

Number of weeks: \_\_\_\_\_

Program Times: \_\_\_\_\_

Location(s): \_\_\_\_\_

**8. Program Structure:**

a) Is this a registration-based or drop-in program? Specify.

b) Identify the leadership required (who, how many, instructors, coaches, coordinators):

c) Estimate how many volunteers may become involved in this project?

0-10       11-20       21-30       31-40       41-50       50+

d) What leadership training or organizational development initiatives will be required and where will this be obtained? (Be as specific as possible.)



9. Please provide estimates on participation in this program based on the following age and gender grid.

Age Ranges	Male	Female	Total
0-12			
13-19			
20-29			
30-50			
Over 50			
<b>Total</b>			

What is the estimated percentage of aboriginal participants: \_\_\_\_\_%

10. What are the key barrier(s) to participation you will address? (Check as many as appropriate)

- |   |  |
|---|--|
| <input type="checkbox"/> cost                           | <input type="checkbox"/> not aware of activity           |
| <input type="checkbox"/> transportation                 | <input type="checkbox"/> lack of leaders and role models |
| <input type="checkbox"/> access to facilities/equipment | <input type="checkbox"/> disability                      |
| <input type="checkbox"/> health and nutrition issues    | <input type="checkbox"/> no one to go with               |
| <input type="checkbox"/> lack of necessary skills       | <input type="checkbox"/> lack of childcare support       |
| <input type="checkbox"/> lack of cultural sensitivity   |  |

What strategies will be used to reduce the barrier(s) to participation indicated?

11. Which of the following planning initiatives were key to determining this program as a priority initiative for Aboriginal people within the community?

- By focusing decreasing barriers to sport, culture and recreation activities and therefore improve the education, health and/or well-being of Aboriginal children, youth and families;



- By actively involving those to whom the programs and services were to be provided in the development, management and delivery of the programs;
- By addressing community-identified needs;
- Demonstrating cultural sensitivity, reflecting input of the community;
- By integrating and coordinating with other community programs and services of a similar nature.

Other: \_\_\_\_\_  
 \_\_\_\_\_

**12. How will you promote this program and publicly acknowledge the Community Initiatives Fund and Saskatchewan Lotteries as the source of funding for your program?**

- posters     newsletter     newspaper     banners     radio  
 TV     speeches     word of mouth     other: \_\_\_\_\_

**13. Evaluation:**

a) What key success indicators (outcomes) will be used to determine the success of the program?

b) How do you plan to involve your target group in evaluating your program?



**14. Other Comments:**

**15. Please complete the budget summary on the attached page in detail.**

**16. Information Certification**

I hereby certify that the information contained in this application is accurate and complete.

\_\_\_\_\_  
Authorized Signature of Community Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please send completed application to:**

Urban Aboriginal Community Grant Program  
c/o City of Prince Albert  
1084 Central Ave.  
Prince Albert, SK  
S6V 7P3  
Attention: Curtis Olsen  
Tel # 953-4812      Fax # 953-4821  
Email colsen@citypa.com



**Budget Summary**

**Note:** You must show total expenses and revenue for the project. Revenue and expenses should be equal if possible.

<b>Income:</b>	<b>Amount</b>	<b>Follow-up Actual</b>	
Other grants (see Table 1 below)	\$	\$	
Fundraising	\$	\$	
Cash Donations/sponsorships	\$	\$	
In-kind contributions (non-cash – please list)	\$	\$	
Other sources (please list)	\$	\$	
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
<b>Total Income</b>	\$	\$	
<b>Expenditures: (<i>identify in-kind expenditures with an asterisk</i>)</b>	<b>Amount</b>		<b>Receipts Enclosed</b>
Facilities	\$	\$	
Equipment Costs	\$	\$	
Travel costs	\$	\$	
Staff salaries	\$	\$	
Training/Development Costs	\$	\$	
Other direct related expenditures (please list):	\$	\$	
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
5.	\$	\$	
<b>Total expenditures</b>	\$	\$	
<b>Surplus/deficit without Urban Aboriginal Community Grant Program funding</b>	\$	\$	
<b>Requested Grant Amount</b>	\$	\$	

**Table 1 - Indicate where you have requested/accessed other grant fund sources:**

<b>Name of Organization/Fund</b>	<b>Requested</b>	<b>Received</b>
1.		
2.		
3.		
4.		