



2020 Community Grant Program Application Form

APPLICATION DEADLINE
January 22nd, 2020





Community Grant Program Application Form



1. Applicant Information

Name of Organization: _____

Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

Alternate Contact:

Name: _____

Address: _____

City: _____ Postal Code: _____

Contact Person: _____

Day Phone: _____ Night Phone: _____

Cell Phone: _____ Fax: _____

Email: _____

The following documentation is required:

- One signed copy of the organization's most recent audited financial statement as presented at your last Annual General Meeting, or a financial statement signed by appropriate Board authorities. Information and an explanation regarding any accumulated surplus or deficit must be included with the financial statements.
- A brief outline of the organizational mandate or goals.

2. **Project Name:** _____

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

BASIC _____ SENIOR OR TARGET _____

IF A COMBINATION APPROXIMATE % TO EACH GROUP:

BASIC _____% SENIOR & TARGET _____%

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

Has your group previously received funds from the Community Grant Program:

No Yes

If yes, please specify the year and the amount: _____ \$ _____

Have you received grant funding for this project in prior years from other sources? No Yes

If yes, please indicate source and amount _____.

5. Number of participants in the organization _____
Membership Fee: \$ _____ per year.

6. Estimate how many participants may become involved in this project?

0-20 20-40 40-60 60-80 80-100 100+

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

8. Please list project objectives:

9. Indicate the length and duration of the project:

Starting Date of Project: _____

Completion Date of Project: _____

Project dates: _____

Number of weeks: _____

Program Times: _____

Location(s): _____

10. Program Structure:

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

11. How will you promote this program and publicly acknowledge the Saskatchewan Lotteries as the source of funding for your program?

Posters Newsletter Newspaper Banners Radio

TV Speeches Word of mouth Other: _____

12. Evaluation:

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

13. Other Comments:

14. Please complete the budget summary on the attached page in detail.

15. Information Certification

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

Authorized Signature of Organization

Date

Print Name

Please send completed application to:

2020 Community Grant Program
1211 1st Avenue West
Prince Albert, SK S6V 4Y8
Attention: Curtis Olsen – Recreation Coordinator

Telephone: 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.

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

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

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