



**SASK LOTTERIES**

**2023 Community Grant Program  
Application Form**

**APPLICATION DEADLINE  
January 22nd, 2023**



City of  
**Prince Albert**

# 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

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**Please send completed application to:**

2023 Community Grant Program  
1084 Central Avenue  
Prince Albert, SK S6V 7P3  
Attention: Curtis Olsen – Sport & Recreation Manager

Telephone: 953-4818

Email: [colsen@citypa.com](mailto: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>	
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 Community Grant</b>		
<b>Program funding</b>	\$	\$
<b>Requested Grant Amount</b>	\$	\$

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

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