



**SASK LOTTERIES**

**2025 Community Grant  
Accessible Swim Program  
Application Form**

**APPLICATION DEADLINE  
May 30<sup>th</sup>, 2025**





# 2025 Community Grant Accessible Swim 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 (*Please provide below or attach documentation to submission*).

2. **Project Name: Kinsmen Water Park Swim Pass/Membership Project**

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. **How many passes/memberships are being requested?**

Type	Price	# requested	Total
Youth Pass	\$6.50		
Adult Pass	\$11.75		
Group* Pass	\$40.00		
Youth KWP Membership (Age 11+*)	\$94.50		
Group KWP Membership	\$315.00		
TOTAL			

*\*Children must be 11+ years old to attend the Kinsmen Water Park without an adult.*

*\*Group is defined as six individuals with a minimum of one adult and maximum of two adults.*

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

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

6. **Please provide a brief project description of who will benefit and how you plan to distribute the passes/memberships. NOTE: Organizations applying on behalf of families or individuals who may receive a KWP Membership must ensure all online accounts are created. (<https://citypa.perfectmind.com/>)**

**7. Please list project objectives:**

**8. 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: \_\_\_\_\_

**9. Evaluation:**

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

**10. Other Comments:**

11. Please include information about the individuals or families who would receive a membership on the attached page. NOTE: Organizations applying on behalf of families or individuals who may receive a KWP Membership must ensure all online accounts are created. (<https://citypa.perfectmind.com/>)

12. 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:**

2025 Community Grant Accessible Swim Program  
1084 Central Avenue  
Prince Albert, SK S6V 7P3  
Attention: Curtis Olsen – Sport & Recreation Manager

Telephone: 306-953-4818      Email: [colsen@citypa.com](mailto:colsen@citypa.com)

**Membership Summary – include as many copies as required for application**

Membership #

First Name	
Last Name	
Online account created	Yes / No
Email associated with online account	
Membership Type	Youth / Family

Membership #

First Name	
Last Name	
Online account created	Yes / No
Email associated with online account	
Membership Type	Youth / Family

Membership #

First Name	
Last Name	
Online account created	Yes / No
Email associated with online account	
Membership Type	Youth / Family

Membership #

First Name	
Last Name	
Online account created	Yes / No
Email associated with online account	
Membership Type	Youth / Family