



SASK LOTTERIES

**2026 Community Grant
Accessible Swim Program
Application Form**

**APPLICATION DEADLINE
April 15th, 2026**





2026 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 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 are being requested?**

| Type | Price | # requested | Total |
|----------------------------------|----------|-------------|-------|
| Youth Pass | \$7.50 | | |
| Adult Pass | \$12.75 | | |
| Group* Pass | \$42.00 | | |
| Individual Youth* Bulk Pass (10) | \$60.00 | | |
| Group Bulk Pass (10) | \$300.00 | | |
| 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. NOTE: Organizations applying on behalf of families or individuals who may receive bulk passes 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 bulk pass on the attached page. NOTE: Organizations applying on behalf of families or individuals who may receive a KWP bulk pass 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

Please send completed application to:

2026 Community Grant Accessible Swim Program
1084 Central Avenue
Prince Albert, SK S6V 7P3
Attention: Robin Mkangwana – Recreation Programmer

Telephone: 306-953-4989 Email: rmkangwana@citypa.com

Bulk Pass Summary – include as many copies as required for application

Bulk Pass #

| | |
|--------------------------------------|----------------|
| First Name | |
| Last Name | |
| Online account created | Yes / No |
| Email associated with online account | |
| Bulk Pass Type | Youth / Family |

Bulk Pass #

| | |
|--------------------------------------|----------------|
| First Name | |
| Last Name | |
| Online account created | Yes / No |
| Email associated with online account | |
| Bulk Pass Type | Youth / Family |

Bulk Pass #

| | |
|--------------------------------------|----------------|
| First Name | |
| Last Name | |
| Online account created | Yes / No |
| Email associated with online account | |
| Bulk Pass Type | Youth / Family |

Bulk Pass #

| | |
|--------------------------------------|----------------|
| First Name | |
| Last Name | |
| Online account created | Yes / No |
| Email associated with online account | |
| Bulk Pass Type | Youth / Family |