



SASK LOTTERIES

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

**APPLICATION DEADLINE
May 30th, 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

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

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