



2026 Community Grant Program Application Form

**APPLICATION DEADLINE
January 22, 2026**





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: \$ _____

(Maximum request: \$12,000)

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:

(Attach any additional information to the submission, if need be)

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 submit the completed application by email to rmkangwana@citypa.com; in-person to the Parks, Recreation & Culture Department on the 3rd Floor of City Hall; or by mail to:

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

For more information, please contact **Robin** directly at 306-953-4989 / rmkangwana@citypa.com or **Curtis Olsen**, Recreation Manager at 306-953-4818 / 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: (<i>identify in-kind expenditures with an asterisk*</i>)	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.		