



City of  
**Prince Albert**

# **Sport and Physical Activity Inclusion Grant**

## **Application Form**



PRESENTED BY



# Sport and Physical Activity Inclusion Grant

## APPLICANT INFORMATION

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

## ORGANIZATION MANDATE

Please provide a brief outline of the organizational mandate and/or goals.



**PROGRAM**

Name: \_\_\_\_\_

Please provide a brief description of the intended program for this grant.

Equity-Denied Group(s) Served:

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Number of Participants: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Program End Date: \_\_\_\_\_

Grant Amount Request: \_\_\_\_\_



## **EVALUATION**

What key success indicators (intended outcomes) will be used to measure the impact of the program:

1.
  
2.
  
3.

## **PROGRAM BUDGET**

***\*Please attach an estimated budget indicating each eligible expense, the estimated amount for each expense, and the total program expenses.\****

## **INFORMATION CERTIFICATION**

*I, \_\_\_\_\_, hereby agree that the conditions outlined in the guidelines have been met and this report and proof(s) of payment are correct and accurate.*

\_\_\_\_\_  
Authorized Signature of Organization

\_\_\_\_\_  
Date



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Please send the completed application to Robin Mkwana at [rmkwana@citypa.com](mailto:rmkwana@citypa.com) or mail to:

*Sport and Physical Activity Inclusion Grant  
1084 Central Avenue  
Prince Albert, SK S6V 7P3  
Attention: Robin Mkwana, Recreation Programmer*

If there are any questions regarding this application, please reach out to Robin Mkwana directly at the email as indicated above, or by phone at 306-953-4989.

