

2025 Community Grant Program Application Form

APPLICATION DEADLINE January 22, 2025





2.

Community Grant Program Application Form SASK LOTTERIES



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 req	uired:
your last Annual General Meeting,	most recent audited financial statement as presented at or a financial statement signed by appropriate Board nation regarding any accumulated surplus or deficit must nts.
A brief outline of the organizational ma	andate or goals.
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: \$					
	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:					
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9.	Indicate the length and duration of the project:				
	Starting Date of Project:				
	Completion Da	te of Project:			
	Project dates:				
	Number of wee	eks:			
	Program Times	S:			
10	.Program Stru				
	Is this a registr	ation-based or drop-	-in program? Specify.		
11			ogram and publicly a ding for your progra	_	Saskatchewan
	☐ Posters	☐ Newsletter		Banners	Radio
	\square TV	☐ Speeches	\square Word of mouth	☐ Other:	
12	.Evaluation:				
	What key succ		omes) will be used to de	termine the succes	ss of the

13. Other Comments:			
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			
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Print Name			
Please submit the completed application by	email to rmkangwana@citvpa.com: in-		

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

2025 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: (identify in-kind expenditures with an asterisk*)	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	\$	Φ
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.		