

APPLICATION FORM

Organization: _____

Address: _____

Contact Person: _____ Position: _____

Phone: _____ Fax: _____

Email: _____

PROJECT DETAILS

Program Name: _____

Date(s) of Program: _____

Location of Program: _____

Program description including detailed information on activities, cost for activities, what equipment will be purchased if any and which expenses grant funds will be used for:

Identify Target Groups: _____

What is the focus of the program (choose all that apply)

Sport

Culture or Art

[Type text]

- Heritage
- Literary
- Cultural Celebrations
- Performing Arts
- Music
- Cultural Awareness
- Arts and Crafts

Recreation

Where is the program offered? _____

Will this program be available to all residents living within the R.M. of Corman Park? Yes No

If no, please explain: _____

Is there a direct participation or registration fee: Yes No

If so what do these fees cover: _____

Describe the impact and benefit of the program to residents within the R.M. of Corman Park.

Is the program planned for participants from one of the following groups:

- Aboriginal people
- Children and Teenagers (especially youth at risk)
- Persons with a disability
- Economically disadvantaged individuals or families
- Inactive Seniors

How were these groups involved in the planning and evaluation of the program?

[Type text]

Describe how this program is accessible to the public and who can participate:

How is your organization contributing to the program?

Why is the Saskatchewan Lotteries Community Grant funding needed?

What will the impact be if the program does not receive this grant?

[Type text]

BUDGET OF PROPOSED PROJECT

(Only the project information required, not entire organization's budget)

REVENUE:

Registration Fees \$ _____

Other: _____ \$ _____

_____ \$ _____

(A) TOTAL REVENUE \$ _____

EXPENSES:

Equipment Purchase/Rental \$ _____

Facility Rental \$ _____

Advertising \$ _____

Program Supplies \$ _____

Instructor Fees \$ _____

Insurance \$ _____

Administration Supplies \$ _____

Other: _____ \$ _____

_____ \$ _____

_____ \$ _____

(B) TOTAL EXPENSES \$ _____

PROJECTED LOSS/GAIN (A-B) \$ _____

TOTAL COMMUNITY GRANT ASSISTANCE REQUESTED:

\$ _____