



# 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:

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How is your organization contributing to the program?

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Why is the Saskatchewan Lotteries Community Grant funding needed?

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

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[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:**

\$ \_\_\_\_\_