

Sask Lotteries Community Grant Application

PLEASE PRINT OR TYPE

Name of Organization or Group:		Non Profit Organization	Yes	No
Contact Name:	Alternate Name:	Phone #:	(H)	
			(B)	
Address:		Postal Code:		

Please check off which Grant you are applying for: **Basic Funding** **Target Population Funding**

Program Name:	Start Date:
Program Location:	Completion Date:

Has Community Grant Funding been approved for this project in previous years? Yes No

When was the last time your organization received Sask. Lotteries Community Grant Funding through the Town of Fort Qu'Appelle: _____

(Use additional Pages if needed)

Program Goal:
Description of the Program:
Benefits of the Program:
Who Benefits & How will this Program benefit your Community:

Target Participants (Age Range & Gender):

Maximum Participants: Is the program available to the community? Yes No



Is Your Organization or Group in partners in this project? Yes No

If Yes, Name the other organization or group: _____

Does your organization have liability and participants insurance: Yes No

Specify the Insurance Company: _____

Are participants required to pay to participate? Yes What is the fee for participation?

No, because _____

BUDGET

REVENUE:	Dollar Amount
Community Grant Request:	\$
Self Help (Detail) Minimum 25% of Total Eligible Expenses	\$
	\$
	\$
	\$
	\$
Total Revenue	\$
PROPOSED EXPENSES (Please list all Expenses for the Program)	Dollar Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$

NAME (print): _____ Position in Organization: _____

Signature: _____ Date: _____

I hereby certify the above information is correct and factual.

RETURN TO: Sask Lotteries Community Grant Program
Box 309, 160 Company Avenue S
Fort Qu'Appelle, Sask. S0G 1S0

