Application Form for Community Organizations
Community Grant Program 2021 – 2022

Name of Organization:	
Address:	
Postal Code:	
Contact Person:	Phone Number:
Email Address:	Fax Number:
Alternate Contact for your Organization.	
Name:	
Email Address:	Phone Number:

In which category would you put your project? (check one) □ Sport □ Culture □ Recreation	
Grant Amount Requested: $	
Please provide a brief project description.	
Project length and duration.	
Start Date:	Completion Date:
Project Time:	Number of weeks:
Location(s):	
Have you received grants for this activity in prior years? □ No □ Yes	
If yes, how do plan to change the project to increase participation?	
How many more participants do you estimate than previously? _____	
How did you determine that there is a continuing need for this program?	
How many volunteers make up your board?	
Source of the organization's liability and participants insurance:	
Name of Insurance Company:	
Policy Number:	
Non-Profit Incorporation Number:	

1. **Objectives**
   What do you wish to achieve with this project?

   How do you accomplish the project objectives?

2. **What format will be used for this project? (check all that apply)**
   □ Registered program   □ Drop-in program
   □ Workshop   □ Performance
   □ Special Event   □ Other_____

3. **a) Who is the program intended for?**
   _____
   _____

   b) Are any of the groups below specifically targeted? (If yes, check ONE)
   □ Economically disadvantaged   □ New Canadians
   □ Older Adults (65+ years)   □ Persons with a disability
   □ Single-parent families   □ Youth at risk

4. **Estimate numbers, ages range and gender or participants.**

Age Ranges	Number of Females	Number of Males	Total
For all ages			
OR			
0 – 5 years (Preschool)			
6 – 12 years (Child)			
13 – 18 years (Youth)			
19 – 30 years (Young Adult)			
31 – 65 years (Adult)			
65 + years (Older Adult)			
TOTAL			

5. **How do you plan to involve your target population in planning, promoting, delivering and/or evaluating your program? (Check all that apply)**
   □ Representatives will sit on the advisory committee.
   □ Community consultations/focus groups will be held.
   □ Members of the target group will assist with the delivery of the program.
   □ Informal contacts and conversations will be used.
   □ Other _____.

6. **How will you make your target population aware of your project/program?**
   □ Newspaper ads   □ Online communications
   □ TV ads   □ Community meetings
   □ Radio ads   □ Word of mouth
   □ Posters in area/buildings where target population goes
   □ Referral from professionals (e.g., social workers, senior homes, schools, etc.)
   □ Brochures distributed to target population
   □ Other _____

7. **How will you measure and evaluate that your program has achieved your objectives? (Check all that apply)**
   □ Number of participants   □ Participant attendance (for ongoing programs)
   □ Quality of the project/event □ Value to the participants
   □ Other _____

8. **How many volunteers will be involved with this project?**
   □ 0   □ 1-10   □ 11-25   □ 26-50   □ Over 50

   What will they do?

9. **What results and/or benefits will the participants receive from this project?**

10. **How will you publicly acknowledge Saskatchewan Lotteries and the Town of Warman as the sources of funding for your project? (Check all that apply)**
    □ Posters   □ Newsletter   □ Radio   □ Newspaper
    □ Banners   □ TV   □ Website   □ Word of Mouth
    □ Speeches   □ Other _____

Information Certification

This application must be signed by two individuals; a minimum of one must be a member of the Board of Directors.

I hereby certify the information contained in this application is accurate and complete.

_____   _____   _____   _____
Signature   Print Name   Position with Organization   Date

_____   _____   _____   _____
Signature   Print Name   Position with Organization   Date

CHECKLIST

Be sure to include the following items:
□ Project Budget Summary
□ Most recently completed financial statements
ALSO:
□ The application has been signed
□ You have retained a copy of the completed application form for you files

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**A completed application form must be received in our office by
4:30 p.m. on March 30th, 2019**

Recreation & Community Service Department
c/o Community Grant Program
#1 – 701 Centennial Blvd N
Warman, Saskatchewan S0K 4S2
Email: coralieb@warman.ca
Phone: 933-2129
Fax: 933-2245

**The adjudication committee will not consider late or incomplete applications.
Please ensure that you have included all the required materials.**

PROJECT BUDGET SUMMARY

Organization: _____

Note: Show expenses and revenues for the entire project, not just those covered by the grant.

Revenues	Amount (Estimated)
Community Grant Request	
Registrations	
Self help (fundraising)	
Grants from other sources (complete the chart at the bottom of the page)	
Cash Donations	
Other	
TOTAL REVENUES	

Expenses	Amount (Estimated)
Facilities	
Equipment Costs Provide a breakdown below	
1.	
2.	
3.	
Travel Costs	
Staffing (Maximum 455 hours in a grant period) Provide a breakdown below	
1.	
2.	
3.	
Training/Development Costs	
Other directly related expenditures Please List	
1.	
2.	
3.	
4.	
TOTAL EXPENSES	

Other Sources of Income – Have you applied for funding from other agencies for this project?
□ Yes   □ No
If yes, please provide contact information for every other funder to which you have applied for.

Funder Name	Contact Person	Phone # and Email	$ Amount Requested	$ Amount Received