

Community Grant Program 2012-2013 Application Form for Community Organizations

Name of Organization:	
Address:	
City:	Postal Code:
Contact Person:	Phone:
E-mail:	Fax:
Alternate contact for your organization:	
Name:	
Address:	
City:	Postal Code:
E-mail:	Phone:
In which category would you put your project (<input checked="" type="checkbox"/> one) <input type="checkbox"/> Sport <input type="checkbox"/> Culture <input type="checkbox"/> Recreation	
Grant amount requested (max \$5,000.00): \$	
Please provide a brief project description. Title _____ 	
Project length and duration	
Start Date:	Completion Date:
Location(s):	

Have you received grants for this program in prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how do you plan to change this project to increase participation? How many more people do you estimate will participate than previously? _____ How did you determine that there is a continuing need for this program?
Source of the organization's liability and participants insurance Name of Insurance Company: Policy #: You must have in a minimum of \$2,000,000 in liability insurance.
Non-Profit Incorporation Number:
How many volunteers make up your board?

Information Certification

This application must be signed by two individuals; a minimum of one must be a member of the Board of Directors listed on the current Profile Report.

I hereby allow the City of Yorkton to circulate the information contained in this application for the purposes of adjudication. I hereby certify that the information contained in this application is accurate and complete.

Signature	Print Name	Position	Date
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Signature	Print Name	Position	Date
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**Completed application form must be received in our office by 4:00 p.m. on April 1 and October 1.
Late applications will not be accepted.
Please ensure that you have included all the required materials.**

Community Development, Parks & Recreation
 City of Yorkton P.O. Box 400 37 3rd Avenue North
 Yorkton, Saskatchewan S3N 2W3
 Phone: 306-786-1750

Project Information

1. Objectives

What do you wish to achieve with this project?

How will you accomplish the project objectives?

2. In what way does your project increase participation in sport, culture and recreation?

3. What format will be used for this project? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> registered program | <input type="checkbox"/> drop-in program |
| <input type="checkbox"/> workshop | <input type="checkbox"/> performance |
| <input type="checkbox"/> special event | <input type="checkbox"/> other _____ |

4. Who is the program intended for?

Are any of the groups below being specifically targeted? (if yes, check **ONE**)

- | | |
|---|--|
| <input type="checkbox"/> economically disadvantaged | <input type="checkbox"/> new Canadians |
| <input type="checkbox"/> older adults (65+ years) | <input type="checkbox"/> persons with a disability |
| <input type="checkbox"/> single-parent families | <input type="checkbox"/> youth at risk |

How are you targeting this group?

- Is there a fee to participate? Yes No Fee/person \$ _____
OR
Is the program free to participants? Yes No

5. Estimate numbers, ages range and gender of participants.

Age Range	# of Females	# of Males	Total
All Ages			
OR			
0 - 5 years			
6 - 12 years			
13 - 18 years			
19 - 30 years			
31 - 65 years			
65+ years			
Total			

6. 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 delivery of the program
- informal contact and conversations will be used
- other _____

7. How will you make the target population aware of your project/program? (check all that apply)

- newspaper ads
- TV ads
- radio ads
- posters in area/buildings where target population goes
- referral from professionals (eg, social workers, seniors homes, schools, etc.)
- brochures distributed to target population
- other _____
- online communications
- community meetings
- word of mouth

8. How will you measure and evaluate that your program has achieved your objectives? (check all that apply)

- number of participants
- quality of the project/event
- other _____
- participant attendance (for ongoing programs)
- value to the participants

9. How many volunteers will be involved with this project? _____

What will they do?

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

11. How will you publicly acknowledge Saskatchewan Lotteries as a source of funding for your project?

- | | | | |
|-----------------------------------|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Posters | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Banners | <input type="checkbox"/> TV | <input type="checkbox"/> Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Speeches | <input type="checkbox"/> Other _____ | | |

Project Budget Summary

Organization: _____

NOTE: Show expenses and revenues for the entire project, not just those covered by the grant.
Revenues and Expenditures MUST balance on your proposed budget.

Revenues		Amount
Funding requested from this grant program		
Cash donations/fundraising		
Grants from other sources (complete chart at bottom of page)		
Other (complete chart at bottom of page)		
Total Revenues		
Expenditures		Amount
Facilities		
Equipment costs (provide a breakdown below)		
1		
2		
3		
Travel Costs		
Staffing (maximum 455 hours in a grant period) Provide a breakdown below (3 of employees, hours of work, wages)		
1		
2		
3		
Training/Development costs		
Other direct related expenditures		
1		
2		
3		
4		
Total Expenditures		

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 purposes of verification.

Funder Name	Contact Person	Phone # and e-mail	\$ Requested	\$ Confirmed