

# Leisure Services Community Grant Program

PLEASE PRINT OR TYPE

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

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

<b>Program Name:</b>	<b>Start Date:</b>
<b>Program Location:</b>	<b>Completion Date:</b>

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 City of Estevan: \_\_\_\_\_

(Use additional Pages if needed)

<b>Program Goal:</b>
<b>Description of the Program:</b>
<b>Benefits of the Program:</b>
<b>Who Benefits &amp; How will this Program benefit your Community:</b>

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	\$
	\$
	\$
	\$
	\$
<b>Total Revenue</b>	<b>\$</b>
PROPOSED EXPENSES (Please list all Expenses for the Program)	Dollar Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Expenses</b>	<b>\$</b>

NAME (print): \_\_\_\_\_ Position in Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify the above information is correct and factual.*

RETURN TO: Community Grant Program  
701 Souris Avenue  
Estevan, Sask. S4A 2T1

