



Sport, Culture & Recreation Outreach Application

Application Deadline Applying for: (Please check one)

April 15

June 15

September 15

November 15

Organization Eligibility: (Please check one)

Municipality/Recreation Board/First Nation

Registered Non-Profit Organization – Non-Profit Number: _____

Unregistered Community Organization (Please complete both sections below; the Applicant & the Accountable Partner Applicant).

APPLICANT INFORMATION

NOTE: Registered non-profit organizations are eligible to apply for the Sport, Culture & Recreation Outreach Grant. If the applicant is an unincorporated community group, they must find an accountable partner with a municipality/recreation board or an eligible registered non-profit organization. The accountable partner will receive the funding on behalf of the applicant.

APPLICANT

Name of Organization/Community:	
Mailing Address:	
City:	Postal Code:
Contact Person:	Title:
Phone Number:	Fax Number:
Email Address:	
Alternate Contact Person:	Title:
Phone Number:	Fax Number:
Email Address:	

ACCOUNTABLE PARTNER APPLICANT - (If approved, the cheque will be payable to this group).

Name of Organization:	Non-Profit Number:
Mailing Address:	
City:	Postal Code:
Contact Person:	Title:
Phone Number:	Fax Number:
Email Address:	

PROJECT DETAILS

Project Name:		
Target Group (age category, gender, all citizens):		Expected Number of Participants :
		Expected Number of Volunteers :
Start Date:	End Date:	Number of Sessions:
Is the project new or existing? (please check one) <input type="checkbox"/> New <input type="checkbox"/> Existing		
Provide a full description of your project. (What, When, Where and include schedule, location, program details, and materials that will be used.)		
Why is this project a need for this target group?		
Please describe what the expected outcome will be for this target group? (Benefits of project: personal, social, mental, environmental, economical)		
How do you classify this project? (check one) <input type="checkbox"/> Recreational <input type="checkbox"/> Cultural <input type="checkbox"/> Sport <input type="checkbox"/> Active living		
Why did you classify this way?		

PROPOSED PROJECT BUDGET

(Refer to the **Guidelines** to complete this page. Income and expenses **must** be filled in and be balanced).

Income Note: For grant approval, it is required that there be another source of income towards the project. This can be another grant, sponsorship, registration fee or in-kind contribution. In-kind products/services are items that are given instead of money. The dollar value of these must appear in the income and expenses sections. (e.g. \$50 worth of snacks will be donated to the project and shown as income. "Snacks - \$50" should also appear in the expenses section).

INCOME - identify in-kind income with an asterisk *	Budget
Parkland Valley Grant Request (Amount to balance not to exceed \$1000)	
Total Income	

Expenses Note: Review ineligible expenses list in the **Guidelines**. Then list purchases for the project below and be as specific as possible (e.g. "Supplies - paint, paint brushes, canvas" instead of just "Supplies").

EXPENSES - identify in-kind expenses with an asterisk *	Budget
Total Expenditures	



Have you applied for any other grants for this specific project?

Municipal Funding – Sask Lotteries Community Grant	No	Yes
Community Initiatives Fund	No	Yes
Sunrise Health Region – Health Promotion Grant	No	Yes
Painted Hand Community Development Fund	No	Yes
Other: _____	No	Yes

Privacy Notice

Parkland Valley District collects, uses, and distributes funding information in order to adjudicate this funding. By signing this application, you authorize Parkland Valley to publish your organization’s name, location, and funding amounts, as well any anecdotal information for promotional and advocacy purposes.

Information Certification & Signature

Signature: Please check this box in lieu of signature. I hereby certify that the information contained in this application is accurate and complete, and if approved for funding, I will complete the required follow-up report. I am an authorized signatory of the applicant organization.

Name: _____

Title: _____

Date: _____

Please send completed application to:

Sport, Culture & Recreation Community Grant

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