



Active Communities Grant Application

2025 – 2026

Month Applying For: _____ 15th.

Organization Eligibility:

Municipality/Recreation Board/First Nation

Library

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 Active Communities Grant by finding an Accountable Partner. An Accountable Partner can be a municipality/recreation board or eligible registered non-profit organization. The Accountable Partner will need to sign off on the grant application and assume responsibility for the project. 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:	Email Address:
Alternate Contact Person:	Title:
Phone Number:	Email Address:

Accountable Partner Applicant: – (if approved, funds will be payable to this group).

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

Accountable Partner Letter of Support

NOTE: Only complete this section if the Accountable Partner Section was filled out on page 1. If you did not complete the Accountable Partner Section on page one, please skip to **PROJECT DETAILS**.

(Date)

Parkland Valley Sport, Culture and Recreation District
Box 263
Yorkton, SK
S3N 2V7

Parkland Valley Sport, Culture and Recreation District,

I _____ on behalf of _____ am aware and support
(Accountable Partner Contact Person) (Accountable Partner Organization)

the following _____ project submitted by _____.
(Project Name) (Applicant Organization)

_____ is aware that if the project is awarded funding, our organization:
(Accountable Partner Organization)

1. will receive the funding cheque to be distributed to _____.
(Applicant Organization)
2. takes full responsibility to ensure that the project is followed through as described in the project details section.
3. takes full responsibility to ensure that if awarded, allocated funds are spent in accordance with the budget provided and that any equipment that is purchased will become the property of _____.
(Applicant Organization)
4. will ensure the Follow Up (including: the report, photos, evaluations, and copies of receipts) is submitted within 30 days of completion of the of the project to Parkland Valley Sport, Culture and Recreation District.

Sincerely,

(Accountable Partner Contact Person Signature)

(Accountable Partner Contact Printed)

(Date)

Project Details:

1. Project Name:			
2. Target Group (age category, gender, all citizens):			
3. Expected Number of Participants:		4. Expected Number of Volunteers:	
5. Start Date:	6. End Date:	7. Number of Sessions:	
8. Is this a new project or an extension of an existing program? (Check one) New Extension <i>(Reminder: The Active Communities Grant is ONLY for new programs or new extensions of existing programs)</i>			
9. Provide a FULL description of your project plus the extension (if applicable). (What, When, Where. Include a schedule, location, program details and materials that will be used).			
10. Does your program require an instructor/entertainer/performer? Yes No			
11. What is the instructor/entertainer/performers name?		12. Is your instructor certified? Yes No	
13. Why is this project a need for this target group?			
14. Please describe what the expected outcome(s) will be for this target group? (Benefits of the project: personal, social, mental, environmental, economical)			
15. How do you classify this project? (Check One) Recreational Cultural Sport Active Living Why did you classify your project this way?			

Proposed Project Budget:

Please refer to the Grant Guidelines to complete this page. Your grant application should have a **BALANCED BUDGET**. The Total Income “blue” cell and the Total Expenses “blue” cell should each total the same amount.

For grant approval, it is a requirement 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 donated instead of money. The dollar value of these must appear in the income **AND** expenses sections.

Income Note: Please make sure you identify the dollar amount you are requesting from the Active Communities Grant, located at the top of the Income Budget Table.

INCOME – identify in-kind income with an asterisk*	Budget
Active Communities Grant Request (up to \$1,500) <i>*DO NOT FORGET TO FILL THIS LINE OUT*</i>	
Registration/Admission Fee (\$ _____ x _____ people)	
Total Income	

Expenses Note: Review ineligible expenses list in the Grant Guidelines. Then list purchases for the project below. **BE SPECIFIC.** (example: “Supplies – paint, paint brushes, canvas” instead of just “Supplies”).

EXPENSES – identify in-kind expenses with an asterisk*	Budget
Total Facility Rental (_____ hours @ \$ _____ /hour <i>*Reminder – Parkland Valley only covers 25% of Total Facility Rental*</i>	
Advertising	
Instructor/Facilitator/Performer (_____ hours @ \$ _____ /hour)	
Instructor/Facilitator/Performer Mileage (_____ km @ \$ _____ /km)	
Supplies/Equipment _____ (_____ @ \$ _____ /item)	
Supplies/Equipment _____ (_____ @ \$ _____ /item)	
Supplies/Equipment _____ (_____ @ \$ _____ /item)	
Other -	
Other -	
Other -	
Total Expenses	

If successful, what are you hoping the funding from Parkland Valley’s Active Communities Grant will cover?

Have you applied for any other grants for this specific project? (Check if yes)

- Sask Lotteries Community Grant Program
- Community Initiatives Fund
- Painted Hand Community Development Fund
- Other: _____

How would you prefer to receive the participant evaluations if approved? (Check one)

- Paper (The applicant hands out, collects and send in with the Follow Up Report).
- Google Form (A link will emailed to the applicant. The applicant shares the link with participants and results come directly to Parkland Valley District Staff).

Privacy Notice

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

Information Certification & Signature

Signature: Please check this box in lieu of a 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: _____

Date: _____

Title of Applicant: _____

Please send completed application to:

Wendy McLeod, Community Consultant
Email: wmcLeod@parklandvalley.ca (Email preferred)
Phone Number: (306) 786-6585

Or by mail

Parkland Valley Sport, Culture & Recreation District
Box: 263
Yorkton, SK S3N 2V7

