SASK SPORT

INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM

APPLICATION FORM

2023

FUNDED BY

SASK LOTTERIES

INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

CONTACT INFORMATION

		Date:	
Name of Community/Organization:			
Cheque Payable to: (if different from above)			
Contact Person:		**Position**	
Address:		**Postal Code:**	
Phone:	**Email:**		
Alternate Contact:		**Position**	
Address:		**Postal Code:**	
Phone:	**Email:**		
Administrative Contact: (Ex. Finance)			
Email:			

LETTER OF SUPPORT (A letter of support must be included with application)

☐	**From:**		**Contact:**	

PROGRAM INFORMATION

Sport Program:		**Amount Requested:**	
Brief Summary of sport program:			
Start Date:		**End Date:**	

DESIGNING YOUR SPORT PROGRAM

(*Step 2 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)*

SUPPORT NEEDED

Is the sport program new or existing? (please check)
◯ **New** sport program ***OR*** ◯ **Existing** sport which will be further developed.

Future goals of your sport: (sustaining sport development)
What partners have you identified to support the sport program? Inside community / outside community (Provincial Sport Organization, Tribal Council, School Division, Community)

PARTICIPANTS

Using the data from the answers in Step 1, please check who the sport program going to support:			
◯ Both males and females ◯ Males ◯ Females			
What age(s) are the participants?		**How many participants will be involved?**	
How will your program recruit participants? (Please describe below)			

DEVELOPMENTALLY APPROPRIATE SPORT

What do you need to do in order to deliver the program? (Trained coaches, league play, skills camps)

SPORTS TIMELINE, LEAGUES AND COMPETITIONS **(COVID-19 restrictions apply)**

Will the sport program be part of a league, if so which one?		
Will the team participate in competitions/league, if so, how many, and where? (Please list)		
Competition/League	**Date**	**Location**

FACILITY

Where will the team practice? (Please list below)	**Is the facility free?**
	◯ Yes ◯ No

COACHES

Do you need coaches?	◯ Yes ◯ No
Will you require a coaching clinic?	◯ Yes ◯ No

OFFICIALS

Do you need officials?	◯ Yes ◯ No
Will you require official's clinic?	◯ Yes ◯ No

VOLUNTEERS

How many volunteers will you need to help out with the program & how will volunteers be recruited?

DELIVERING YOUR SPORT PROGRAM

(*Step 3 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)*

SUPPORT NEEDED

In the previous step you were able to identify who can help you with your sport program, please list who will support you to deliver your sport program: (only answer what applies)
Coach -
Manager -
Main Official -
Transportation Driver -
Community Leader (Principal, Councilor) -
Helper/Volunteer -
Helper/Volunteer -
Other -

FUNDING ACKNOWLEDGEMENT

How will you promote this program and publicly acknowledge Sask Lotteries as the source of funding for your program? (please check below)
☐ Posters ☐ Newsletter ☐ Social Media (Facebook) ☐ Radio ☐ Annual Report ☐ TV ☐ Speeches ☐ Word of mouth ☐ Other:

BUDGET SUMMARY

Note: This budget summary will be the same used for the follow-up submission.

INCOME	**Budgeted Amount**	**Follow-up Actual**
Indigenous Community Sport Development Grant	$	$
Fundraising	$	$
Other sources (please list)		
1.	$	$
2.	$	$
TOTAL INCOME	$ 0.00	$ 0.00
EXPENDITURES: ***(identify in-kind expenditures with an asterisk*)***	**Amount**	**Follow-up Actual**
Facilities (gym/arena usage)	$	$
Equipment Costs: Please list main items needed:		
a)	$	$
b)	$	$
c)	$	$
Travel costs (fuel costs, rentals, charter service)	$	$
Athlete Training / Development Cost	$	$
Food/Nutrition: (max 10%)	$	$
Registration Fees	$	$
Other direct related expenditures (please list)		
1.	$	$
2.	$	$
TOTAL EXPENDITURES	$ 0.00	$ 0.00
Surplus/deficit without Indigenous Community Sport Grant funding	$ 0.00	$ 0.00
Requested Grant Amount	$	$

INFORMATION CERTIFICATION

I hereby certify that the information contained in this application is accurate and complete. Which include a completed application form, a letter of support from the community and a completed budget summary in detail.

Authorized Signature of Community Applicant

Position

CHECKLIST

- ☐ **Completed Application Form**
- ☐ **Letter of support from a community leader**
  (Ex. school administrator, town administrator, minor sport organization president, recreation board chair, or community elected official (Chief or Mayor))
- ☐ **Completed budget summary in detail**

PLEASE SEND COMPLETED APPLICATION TO:

Indigenous Community Sport Development Grant Program

Darla Batke, Community Consultant
Parkland Valley Sport, Culture and Recreation District
Email: dbatke@parklandvalley.ca
Phone: (306) 786-6585

Canada

Community Initiatives Fund

SASK LOTTERIES