

# Active Communities Grant Application 2026 – 2027

Month Applying For: \_\_\_\_\_ 15<sup>th</sup>.

## **Applicant Information:**

**Note:** *Non-profit organizations without a non-profit number are eligible to apply by partnering with an Accountable Partner. The Accountable Partner can be a municipality, recreation board or eligible non-profit organization. The Accountable Partner will need to sign the Letter for Support and receive funding on behalf of the Applicant.*

Name of Applicant/Organization Applying:	
Non-Profit Number:	
Mailing Address:	
Community:	Postal Code:
Contact Person:	Title:
Phone Number:	Email Address:
Alternate Contact Person:	Title:
Phone Number:	Email Address:

**Accountable Partner Applicant:** *(If applicable. Please ensure the Letter of Support is completed by the Accountable Partner. It can be found at the end of this application).*

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

## **Project Details:**

1. Project Title:		
2. Target Group (age category, gender, all citizens):		
3. Expected # of Participants:		4. Expected # of Volunteers:
5. Start Date:	6. End Date:	7. Number of Sessions:

8. Is this a **NEW** project, an improvement/extension of an existing program or volunteer training? Check one:

New Project

Extension

Volunteer Training

9. Provide an overview of the program/improvement/training. Explain who, what, why, how and where.  
Tip: It's important to provide clear details for the adjudication committee. Do not leave the program up for assumption.

10. Does your program require an instructor/entertainer/performer?

Yes

No

11. Name of instructor/entertainer/performer: \_\_\_\_\_

12. Are they certified?

Yes

No

13. Why is this project a need for this target group?

14. What is the expected outcome(s) of this program for your target group?

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

## Proposed Project Budget:

Please refer to the Grant Guidelines to complete this page. Your grant application should have a balanced budget. The Total Income and Total Expenses cells (blue cells) should total the same amount.

**Note:** 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.

**Income Tip:** Make sure to identify the dollar amount you are requesting from the Active Communities Grant, located at the top of the Income Budget Table.

<b>INCOME</b> – identify in-kind income with an asterisk*	<b>Budget</b>
Active Communities Grant Request (up to \$1,000) <i>*DO NOT FORGET TO FILL THIS LINE OUT*</i>	
Registration/Admission Fee (\$ _____ x _____ people)	
Other Grant Funding - _____	
Sponsorship - _____	
Other - _____	
Other - _____	
<b>Total Income</b>	

**Expenses Tip:** Review the 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”).

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

## **Funding Obligations:**

Successful applicants will be required to submit a Follow Up Report as per the deadline indicated in the approval letter and email. Eligible receipts are also required along with completed Participant Evaluations.

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

**Paper** (The applicant hands out, collects and sends in with the Follow Up report).

**Online Form** (A link will be emailed to the applicant. The applicant shares the link with participants and results come directly to Parkland Valley District Staff – no printing/ mailing required).

## **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 submit completed application to:**

Wendy McLeod, Community Consultant

Email: [wmcleod@parklandvalley.ca](mailto: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

# Accountable Partner Letter of Support

**NOTE:** Only complete this section if the Accountable Partner Section was filled out on page 1.

\_\_\_\_\_  
(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)