



Summer Play Program Grant Application 2026 – 2027

Organization Eligibility:

Municipality/Recreation Board/First Nation Community

Library/Museum

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

Applicant Information:

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

Project Details:

1. Project Name:	
2. Expected Number of Participants:	
3. Start Date:	4. End Date:
5. How many days per week will the Play Program Run?	
6. Number of Sessions:	
7. Is this a new Summer Play Program or have you hosted one previously?	
8. Provide a full description of your Summer Play Program. This includes how many staff members, where it will take place, programming details and materials that will be used.	
9. If your Summer Play Program requires a sport/culture/recreation related facilitator, please include their name and what they will be teaching participants.	

10. How will this funding assist with running your program?

Proposed Project Budget:

Please refer to the Grant Guidelines to complete this page. Your grant application should be balanced. The Total Income “blue” cell and the Total Expenses “blue” cell should each total the same amount.

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

Income – identify in-kind income with an asterisk*	Budget
Summer Play Program Grant Request (up to \$500) <i>*DO NOT FORGET TO FILL THIS LINE OUT*</i>	
Total Income	

Expenses Note: 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”).

Expenses – identify in-kind expenses with an asterisk*	Budget
Instructor/Facilitator (_____ hours @ \$_____/hour	
Supplies/Equipment _____ (_____ @ \$_____/item)	
Supplies/Equipment _____ (_____ @ \$_____/item)	
Supplies/Equipment _____ (_____ @ \$_____/item)	
Other -	
Other -	
Other -	
Total Expenses	

Have you applied for any other grants for this specific Summer Play Program? (Check if yes)

Sask Lotteries Community Grant Program

Community Initiatives Fund

Other: _____

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

