

Meadow Lake Parks & Recreation 2017 Community Grant Program Application Form

	Grant Number	
Name of Organization	Amount Requested	Approved
	\$	
Mailing Address (Including Postal Code)	Contact Person Information	
	Name:	
	Phone #:	
Postal Code:	Email:	
Project Name		

1. Please give a brief description of the project.
2. When will the project take place?
3. Where will the project take place?
4. Is this an ongoing project?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enclose your latest Financial Statements.
5. Is this project aimed at increasing participation in any of these under-represented populations? If yes, mark the appropriate population(s) targeted.
<input type="checkbox"/> single parent families <input type="checkbox"/> seniors <input type="checkbox"/> youth at risk <input type="checkbox"/> economically disadvantaged <input type="checkbox"/> women <input type="checkbox"/> other <input type="checkbox"/> persons with a disability <input type="checkbox"/> indigenous people
6. What will be the ages of the participants? (Indicate as many as applicable)
<input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 50+
7. How many volunteers will be involved in this project?
<input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 50+

8. How many people will be involved in this project?

- 0-25 26-50 51-75 76-100 101-125 126-150 151-175
 176-200 201-225 226-250 251-275 276-300 301-325 326+

9. Will you have adequate insurance for this project?

- Yes No

10. Will you publicly acknowledge funding from Saskatchewan Lotteries & the Meadow Lake Parks & Recreation Board?

- Yes No

11. Why do you feel your organization should receive grant funding?

12. Please outline the anticipated expenditures and revenues for this project. Remember to include the amount requested from the grant.

Description of projected EXPENSES	Dollar Amount
Total	

Description of projected REVENUES	Dollar Amounts
Amount requested from the Community Grant Program	\$
Total	

Signature (PRINT FORM, SIGN & FAX TO 306-236-4299).	Date
I certify the above information to be correct and factual.	