

Community Grant Program 2025-2026 Application Form for Community Organizations

Name of Organization:	
Address:	Postal Code:
Primary Contact Person:	Alternate Contact Person:
Position/Job Title:	Position/Job Title:
Phone:	Phone:
e-mail:	e-mail:

In which category would you put your project (<input checked="" type="checkbox"/> one)	
<input type="checkbox"/> Sport	<input type="checkbox"/> Culture
<input type="checkbox"/> Recreation	
Grant amount requested: \$	
Start date:	Completion date:
Please provide a brief project description:	

To complete your application, you must confirm that you understand and agree with the following statements:

- I have carefully read and understand the eligibility criteria for this program as described in the application Guidelines, and I confirm that the organization I represent meets the criteria
- I understand that the organization I represent is not eligible to apply to this program until any outstanding Final Reports for Saskatchewan Lotteries Community Grant Program have been submitted and approved.
- I accept the conditions of this program and agree to accept the Saskatchewan Lotteries Community Grant Program committee's decisions.
- I confirm that to the best of my knowledge the statements in this application are complete and accurate.
- I agree that the organization I represent will return a portion or all of the funding if the project is not carried out as described in the application.
- **I agree that a completed Final Report including financial verification will be provided to the City of Melville within 30 days of completion of the project and no later than March 31, 2026.**
- I agree, Saskatchewan Lotteries will be recognized with any advertising or promotions.
- **I agree, completed application must be received by 4:00pm on March 31, 2025. If the deadline falls on a weekend or statutory holiday, the deadline becomes the next business day.**
- I agree, late applications will not be accepted
- I allow the City of Melville to circulate the information contained in this application for the purposes of adjudication.

The signatures on this document are of the persons authorized to make legal contracts for our organization, the organization's acceptance of this award and agreement to comply with the stated terms and conditions of this grant.

Authorized Representative:	Signature:	Date:
Authorized Representative:	Signature:	Date:

Project Information

1. Objectives

What do you wish to achieve with this project?

How will you accomplish the project objectives?

2. In what way does your project increase participation in sport, culture and recreation?

3. What format will be used for this project? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> registered program | <input type="checkbox"/> drop-in program |
| <input type="checkbox"/> workshop | <input type="checkbox"/> performance |
| <input type="checkbox"/> special event | <input type="checkbox"/> other _____ |

4. Who is the program intended for?

Are any of the groups below being specifically targeted? (if yes, check **ONE**)

- | | |
|---|--|
| <input type="checkbox"/> economically disadvantaged | <input type="checkbox"/> new Canadians |
| <input type="checkbox"/> older adults (65+ years) | <input type="checkbox"/> persons with a disability |
| <input type="checkbox"/> single-parent families | <input type="checkbox"/> youth at risk |

How are you targeting this group?

5. What results and/or benefits will the participants receive from this project?

6. How do you plan to involve your target population in planning, promoting, delivering and/or evaluating your program? (check all that apply)

- representatives will sit on the advisory committee
- community consultations/focus groups will be held
- members of the target group will assist with delivery of the program
- informal contact and conversations will be used
- other _____

7. How will you make the target population aware of your project/program? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> newspaper ads | <input type="checkbox"/> online communications |
| <input type="checkbox"/> TV ads | <input type="checkbox"/> community meetings |
| <input type="checkbox"/> radio ads | <input type="checkbox"/> word of mouth |
| <input type="checkbox"/> posters in area/buildings where target population goes | |
| <input type="checkbox"/> referral from professionals (e.g., social workers, seniors' homes, schools, etc.) | |
| <input type="checkbox"/> brochures distributed to target population | |
| <input type="checkbox"/> other _____ | |

8. How will you measure and evaluate that your program has achieved your objectives? (check all that apply)

- number of participants
- quality of the project/event
- other _____
- participant attendance (for ongoing programs)
- value to the participants

9. Estimate numbers, age ranges and gender of participants.

Age Range	# of Females	# of Males	Total
Total All Ages			
OR			
0 - 5 years			
6 - 12 years			
13 -18 years			
19 - 30 years			
31 - 65 years			
65+ years			
Total			

Is there a fee to participate? Yes No Fee/person \$ _____

OR

Is the program free to participants? Yes No

****NOTE: All registration/participation fees must be shown in the Revenue section of the budget.**

10. Identify the demographics of the participants and or beneficiaries: (check all that apply)

- Female
- Male
- Community Volunteers
- Urban Residents
- Non-profit Board Members/volunteers/Staff
- First Nations
- Metis
- Newcomers to Canada
- Rural Residents
- Preschool students
- Elementary Students
- Junior/High School Students
- Post-Secondary Students

11. How often will participants take part in the project?

- one-time event
- monthly – how many? _____
- daily
- other: _____
- Weekly – how many? _____

12. How will you publicly acknowledge Saskatchewan Lotteries as a source of funding for your project?

- Posters
- Banners
- Speeches
- Newsletter
- TV
- Other _____
- Radio
- Website
- Newspaper
- Word of Mouth

13. Will volunteers be involved with this project? Yes No

If yes, how many? _____

Provide a brief description of how the volunteers will be involved in the project

14. Other contributions

Will any in-kind goods or services be contributed to this project? Yes No

If yes, indicate the type(s) of contributions and approximate value below:

Contributor	Description of Contribution	\$ Value

Project Budget Summary

Provide all estimated revenues that will support the project, not just those covered by the grant. Indicate for each applicable revenue source the budgeted amount.		
Revenue Source(s)	Description	\$ Amount
Registration Fees		
Fundraising/Donations		
Grants from other sources (complete bottom of page)		
Other		
Other		
Other		
Grant Request	City of Melville Sask Lotteries Community Grant Program	
Total Revenue Budget		

Provide all estimated expenses for the project. Indicate the expenses that Saskatchewan Lotteries is being requested to support.

Expense Items	Description	Asking Amount	Total Amount
Facilities			
Instructor fees			
Project Supplies			
Equipment			
Advertising/Promotion			
Travel/Transportation			
Staffing (max. 455 hours in grant period. Provide breakdown # of employees, # of hours, wages)			
Other			
Other			
Other			
	Subtotal Expenses		

Other Sources of Income – Have you applied for funding from other agencies for this project? Yes No

If yes, please provide contact information for every other funder to which you have applied (for verification purposes)

Funder Name	Contact Person	Phone # and e-mail	\$ Requested	\$ Confirmed