**This application is for funding for sport, culture and recreation programs that will occur between April 1, 2022 & December 15, 2022.**

Applicants are encouraged to keep a copy of their applications for the organization’s records.

Submit your application by 4pm, January 31, 2022, along with the required attachments via email to:

[communityleisureservices@humboldt.ca](mailto:communityleisureservices@humboldt.ca)

or hand deliver / mail to:

City of Humboldt

Community & Leisure Services

619 17th St.

PO Box 640

Humboldt, SK S0K 2A0

**FORM MUST BE TYPED** – *Submit separate application forms for each program*

## organization (20)

|  |  |  |
| --- | --- | --- |
| Organization Name | | |
| Registered Non-Profit (YES or NO)  Yes No | Non-Profit Number | |
| Mailing Address | City | Postal Code |
| What is the mandate of your organization? | | |

|  |  |  |
| --- | --- | --- |
| Primary Contact Person | | |
| Mailing Address | City | Postal Code |
| Phone No | Email | |

|  |  |  |
| --- | --- | --- |
| Alternate Contact Person | | |
| Mailing Address | City | Postal Code |
| Phone No | Email | |

## program merit (20)

|  |  |
| --- | --- |
| Program Name: | Indicate Category:  Sport Culture Recreation |
| Does your organization have appropriate liability and insurance in place for this program:  Yes No | |

|  |  |
| --- | --- |
| What is the program start date? | What is the program end date? |
| What time is the program offered? | Total number of program hours? |
| What is the location of the program? | What are the ages of the participants and how many are expected to participate? |
| Does your program take place in Humboldt?  Yes No | What percentage of participants are residents from Humboldt? |

Provide a complete description of your program. Include detailed information such as; activities planned, equipment required, cost of each activity, etc.

|  |
| --- |
|  |

Is there a cost for participants to participate?

|  |
| --- |
| Yes – Please Explain: |
|  |
|  |
| No – Please Explain: |
|  |
|  |

Is the program planned for participants from one of the following under-represented groups?

Yes No

If **No**, then proceed to the following question.

If **Yes**, please check all that apply:

Youth at Risk Women Economically Disadvantaged

Persons with a Disability Inactive Seniors Single Parent Families

Indigenous People Other

How will the individuals from these under-represented populations be involved in the planning, operations and evaluations of this program?

|  |
| --- |
|  |

How is your organization contributing to the program?

|  |
| --- |
|  |

## Community impact (20)

Is this a new program?

Yes No

If this is a duplication of an already existing program, why is the duplication needed?

|  |
| --- |
|  |

If this program is new, how did you determine that this need exists? How is it different or unique from other existing programs?

|  |
| --- |
|  |

Briefly explain the benefits and how this program will impact the participants and the community.

|  |
| --- |
|  |

## financial need (20)

Has your organization received a Saskatchewan Lotteries Grant in the past?

Yes No

Amount of Request (minimum $250.00; maximum $2,500.00)

|  |
| --- |
|  |

Why is Saskatchewan Community Grant funding needed?

|  |
| --- |
|  |

What will the impact be if the program does not receive this grant?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

## budget of proposed program (20)

Please fill out the following budget OR attach a copy of an existing budget for your program.

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME/REVENUE** | **IN KIND /DONATION** | **DOLLAR AMOUNT** | **TOTAL** |
| Grant Funding Requested | $ | $ | $ |
| Registration Fees | $ | $ | $ |
| Fundraising | $ | $ | $ |
| Cash Donations/Sponsorships | $ | $ | $ |
| Other Grant Funding | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **TOTAL INCOME/REVENUE** | $ | $ | $ |
| **EXPENSES** | **IN KIND /DONATION** | **DOLLAR AMOUNT** | **TOTAL** |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **TOTAL EXPENSES** | $ | $ | $ |

## APPLICATION AGREEMENT

**USE OF FUNDING**

The City reserves the right to demand, at any time, the return of any monies if the Organization uses the money is a manner that, in the opinion of the City, is not in compliance with the Grant Guidelines, is inconsistent with the objectives of the Saskatchewan Lotteries Community Grant Program, or is inconsistent with the description of the intended use of the funds as set out in this application or should it be discovered that the undersigned made a material misrepresentation in the application.

**REPRESENTATIONS**

In making this application, we the undersigned Board Members/Executive Directors hereby represent to the City and declare that to the best of our knowledge and belief, the information provided in this application and the related attached supporting documents are truthful and accurate, that we have read and agree to comply with the Grant Guidelines and the application is made on behalf of the above-named organization and with the Board of Director’s full knowledge and consent.

**TWO SIGNATURES ARE REQUIRED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Board Member Name (PRINT) |  | Signature |  | Position |  | Date |
|  |  |  |  |  |  |  |
| Board Member or Executive Director Name (PRINT) |  | Signature |  | Position |  | Date |

If you require any assistance while completing this form, please contact your Sport, Culture & Recreation District or the Community Grant Office at 306-780-9344 (Regina area) or 1-888-780-9344 (toll free).

\*\*APPLICATIONS MUST BE RECEIVED BY 4:00pm, January 31, 2022

AND **MUST** BE TYPED\*\*

Email a completed copy of the application to: [communityleisureservices@humboldt.ca](mailto:communityleisureservices@humboldt.ca) OR

Return in person at City of Humboldt Community & Leisure Services (Humboldt UNIPLEX)

619 17th Street Box 640 Humboldt, SK S0K 2A0

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***FOR OFFICE USE ONLY:*** | | | | |
| **Date Received:** |  | | | |
| **Comments:** |  | | | |
|  | | | | |
| **Application Approved:** | | Yes No | **Amount Funded:** |  |
| **Authorized Signature:** | |  | | |