



Date Received by City of Warman
_____

**Application Form for Community Organizations  
Community Grant Program 2019 – 2020**

<b>Name of Organization:</b>	
Address:	
Postal Code:	
Contact Person:	Phone Number:
Email Address:	Fax Number:
<b>Alternate Contact for your Organization.</b>	
Name:	
Address:	Phone Number:
Postal: Code:	Fax Number:

In which category would you put your project? (check one)    Sport    Culture    Recreation

**Grant Amount Requested: \$**

**Please provide a brief project description.**

**Project length and duration.**

Start Date:	Completion Date:
Project Time:	Number of weeks:
Location(s):	
Have you received grants for this activity in prior years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, how do plan to change the project to increase participation?	
How many more participants do you estimate than previously? _____	
How did you determine that there is a continuing need for this program?	

How many volunteers make up your board?

**Source of the organization’s liability and participants insurance:**

Name of Insurance Company:  
Policy Number:

**Non-Profit Incorporation Number:**

**1. Objectives**

**What do you wish to achieve with this project?**

**How do you accomplish the project objectives?**

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

- Registered program
- Drop-in program
- Workshop
- Performance
- Special Event
- Other \_\_\_\_\_

**3. a) Who is the program intended for?**

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

- Economically disadvantaged
- New Canadians
- Older Adults (65+ years)
- Persons with a disability
- Single-parent families
- Youth at risk

**4. Estimate numbers, ages range and gender or participants.**

<b>Age Ranges</b>	<b>Number of Females</b>	<b>Number of Males</b>	<b>Total</b>
For all ages			
<b>OR</b>			
0 – 5 years (Preschool)			
6 – 12 years (Child)			
13 – 18 years (Youth)			
19 – 30 years (Young Adult)			
31 – 65 years (Adult)			
65 + years (Older Adult)			
<b>TOTAL</b>			

**5. 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 the delivery of the program.
- Informal contacts and conversations will be used.
- Other \_\_\_\_\_.

**6. How will you make your target population aware of your project/program?**

- Newspaper ads
- TV ads
- Radio ads
- Posters in area/buildings where target population goes
- Referral from professionals (e.g., social workers, senior homes, schools, etc.)
- Brochures distributed to target population
- Other \_\_\_\_\_
- Online communications
- Community meetings
- Word of mouth

**7. 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

**8. How many volunteers will be involved with this project?**

- 0
- 1-10
- 11-25
- 26-50
- Over 50

**What will they do?**

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

**10. How will you publicly acknowledge Saskatchewan Lotteries and the Town of Warman as the sources of funding for your project? (Check all that apply)**

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

**Information Certification**

This application must be signed by two individuals; a minimum of one must be a member of the Board of Directors.

I hereby certify the information contained in this application is accurate and complete.

Signature	Print Name	Position with Organization	Date
Signature	Print Name	Position with Organization	Date

**CHECKLIST**

**Be sure to include the following items:**

- Project Budget Summary
- Most recently completed financial statements

**ALSO:**

- The application has been signed
- You have retained a copy of the completed application form for you files

**A completed application form must be received in our office by  
4:30 p.m. on March 30th, 2018**

Recreation & Community Service Department  
c/o Community Grant Program  
#1 – 701 Centennial Blvd N  
Warman, Saskatchewan S0K 4S2  
Email: coralieb@warman.ca  
Phone: 933-2129  
Fax: 933-2245

**The adjudication committee will not consider late or incomplete applications.  
Please ensure that you have included all the required materials.**

## PROJECT BUDGET SUMMARY

**Organization:** \_\_\_\_\_

**Note:** Show expenses and revenues for the entire project, not just those covered by the grant.

Revenues	Amount (Estimated)
<b>Community Grant Request</b>	
Registrations	
Self help (fundraising)	
Grants from other sources (complete the chart at the bottom of the page)	
Cash Donations	
Other (complete the chart at the bottom of the page)	
<b>TOTAL REVENUES</b>	

Expenses	Amount (Estimated)
Facilities	
Equipment Costs Provide a breakdown below	
1.	
2.	
3.	
Travel Costs	
Staffing (Maximum 455 hours in a grant period) Provide a breakdown below	
1.	
2.	
3.	
Training/Development Costs	
Other directly related expenditures Please List	
1.	
2.	
3.	
4.	
<b>TOTAL EXPENSES</b>	

**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.

Funder Name	Contact Person	Phone # and Email	\$ Amount Requested	\$ Amount Received