**SASKATCHEWAN LOTTERIES & THE RM OF SWIFT CURRENT NO. 137**

**COMMUNITY SUPPORT GRANT 2020/21 APPLICATION FORM**

NAME OF ORGANIZATION

ADDRESS

CITY POSTAL CODE

Primary Contact Person:

Position:

Phone: (H) (C) (W)

Email Address:

Secondary Contact Person:

Position:

Phone: (H) (C) (W)

Email Address:

Can the above information be made accessible to the public? Yes No

**PROGRAM DETAILS**

1. Program Name
2. Operation Dates
3. Location of Program (Facility)
4. Is your organization a non-profit organization: Yes No
5. Does your organization carry the necessary insurance related to this project?

Yes No

1. Description of the Program:
2. Number of participants:
   1. During Previous Season of Operation

1-20 61-80 126-150 200+

21-40 81-100 151-175 350+

41-60 101-125 176-200 Not Applicable

* 1. Anticipated for Upcoming Season

1-20 61-80 126-150 200+

21-40 81-100 151-175 350+

41-60 101-125 176-200 Undeterminable

1. Age Range of Participants: (Select all that apply)

0-5 15-19 40-49

6-10 20-29 50-59

11-14 30-39 60+

1. Please select which area your program will be targeted towards.

Target Base

1. If this is an application for a Target population program, which group(s) are being targeted and how? If not, please proceed to Question 11.

Seniors Persons with a Disability Indigenous People Youth at Risk

Economically Disadvantaged Single Parent Families Women Other

1. Is this program available to the entire community? Yes No

If no, please explain what qualifications need to be met in order to become involved in the program.

1. Is there a direct participation or registration fee? Yes No
2. Do participants have to have a membership in your organization or any other organization to be able to participate? Yes No
3. Is this a new program that has never been offered before?

Yes No

1. Are you developing this program to be ongoing in future years?

Yes No

If yes please explain how it will become ongoing.

1. Will this program help expand participation within existing programs? Yes No

If yes, please explain how.

1. Please briefly explain the overall benefits of the program to the participants and the community.
2. How will your organization be affected if you do not receive this funding?
3. Are 75% of the project participants residents of the RM of Swift Current No. 137? Yes No

What is the percentage that is RM Residents? %

**BUDGET OF PROPOSED PROGRAM**

REVENUE:

Community Support Grant $ (Requested)

Self Help:

Registration Fees $

Fundraising Methods (please describe)

$

$

$

Other:

$

$

TOTAL REVENUE $

EXPENSES:

(includes rental fees, equipment, advertising,

supplies, fees, wages, etc.)

$

$

$

$

$

$

$

TOTAL EXPENSES $