



CITY OF WEYBURN

SASKATCHEWAN LOTTERIES COMMUNITY GRANT 2023 – 2024 APPLICATION

This application is for one-time funding for programs occurring between April 1, 2023 and March 31, 2024

Submit your applications via email to

<u>leisureservices@weyburn.ca</u> or hand deliver to:

Weyburn Leisure Services c/o Terri Stadnek 157 3rd Street NE Weyburn, Sask

Please type or print (complete one application per project)

| - 1 | Organization Name | Doctol Code |
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| 0 | Contact Derson | |
| 2. | | |
| | | Postal Code Cell Number |
| | Email: | |
| 3. | Altamata Cantasti | |
| ٠. | | Postal Code |
| | • | Cell Number |
| | Email: | |
| 4. | Program Name: | |
| т. | | - |
| 5. 6. | Request Amount: Organizations must have appropriate liability | (Maximum \$5000 per Organization) and participants' insurance in place. (If applicable) |
| 5. | Request Amount: | (Maximum \$5000 per Organization) and participants' insurance in place. (If applicable) |
| 5.6.7. | Request Amount: Organizations must have appropriate liability Does your organization have this insurance | (Maximum \$5000 per Organization) and participants' insurance in place. (If applicable) |
| 5. 6. 7. | Request Amount: Organizations must have appropriate liability Does your organization have this insurance in the wandate of your organization? FRAM MERIT | (Maximum \$5000 per Organization) and participants' insurance in place. (If applicable) |
| 5. 6. 7. | Request Amount: Organizations must have appropriate liability Does your organization have this insurance in What is the mandate of your organization? FRAM MERIT Which of the following categories would you Sport Recreation | (Maximum \$5000 per Organization) and participants' insurance in place. (If applicable) in place for this program? □ Yes □ No |
| 5. 6. 7. | Request Amount: Organizations must have appropriate liability Does your organization have this insurance in What is the mandate of your organization? FRAM MERIT Which of the following categories would you Sport Recreation | (Maximum \$5000 per Organization) and participants' insurance in place. (If applicable) in place for this program? □ Yes □ No consider your program to be? (Choose all that apply) |

| 10. | Is the program planned for participants from one of the following under-represented groups? □ Yes □ No If yes, which group or groups – check all that apply: | | | | | | |
|-----|---|-----------|--|--|--|--|--|
| | ☐ Children & teenagers (especially youth at risk); ☐ Economically disaction | dvantaged | | | | | |
| | ☐ Inactive Seniors; ☐ Persons with a disability; ☐ Single parent famil | ies | | | | | |
| | ☐ Women | | | | | | |
| 11. | How were individuals from these under-represented populations involved in the planning, operations and evaluation of this program? | | | | | | |
| 12. | a) What is the program start date: | | | | | | |
| | b) What is the program end date: | | | | | | |
| | c) Where will program take place: | | | | | | |
| | d) What are the ages of the participants: | | | | | | |
| | e) How many participants are expected to participate in your program: | | | | | | |
| 13. | Is there a cost for participants to participate? | | | | | | |
| | □ Yes - Explain fees: | | | | | | |
| | □ No – Explain why: | | | | | | |
| 14. | 14. How is your organization contributing to the program? | | | | | | |
| 15. | Have you received a Saskatchewan Lotteries Grant in the past? □Yes | □No | | | | | |
| PR | OGRAM BUDGET | | | | | | |
| | Please list the expenditures you will incur for this project: | | | | | | |
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| 17. | Please list sources of revenue: | | | | | | |
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| | TOTAL | Ψ \$ | | | | | |

| ATTACHMENTS | | | | | | | |
|---|---|--|---|---|--|--|--|
| | Included with application most recent financial statements of the organization – including an income statement (showing revenue & expenses) and a balance sheet (showing assets, liabilities and equity). | | | | | | |
| ☐ Financial statements not included. Reasons: | | | | | | | |
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| ΑP | PLICATION AGREEMENT | | | | | | |
| Us | e of Funding | | | | | | |
| app fun obj | e Organization hereby agrees to uplication. The City reserves the rigiding in a manner that, in the opinifectives of the Saskatchewan Lotte ended use of the funds as set out srepresentation in the application. | ght to demand, at any tim on of the City, is not in co eries Community Grant P | ie, the return of any funding it ompliance with the grant guid rogram, or is inconsistent wit | f the Organization uses the elines, is inconsistent with the description of the | | | |
| The info | eedom of Information and Prote e City of Weyburn is committed to ormation that is collected by the Cotection of Privacy Act. The informations skatchewan Lotteries Community skatchewan Lotteries Community | protecting the privacy an ity is done so in accordar nation collected on this ap Grant Program. This ap | nce with <i>The Local Authority</i> opplication we be used to adm | Freedom of Information and inister the City of Weyburn | | | |
| Representation In making this application, we the undersigned Board Members/Executive Director hereby represent to the City and declare that to the best of our knowledge and belief, the information provided in the application are truthful and accurate, that we have read and agree to comply with the Grant Guideline and the application is made on behalf of the abovenamed organization and with the Board of Director's full knowledge and consent. | | | | | | | |
| Tw | o signatures are required: | | | | | | |
| Во | ard Member Name (Print) | Signature | Position | Date | | | |
| | ard Member or ecutive Director Name (Print) | Signature | Position | Date | | | |
| C/o 15' We Or leis De | ease Return you completed applicately byburn Leisure Services Terri Stadnek 7 3rd Street NE eyburn, SK sureservices@weyburn.ca adline for Applications 50 pm Friday, March 10th, 2023 | ation to: | | | | | |



