





Have you received grants for this program in prior years?    Yes    No
<p>If yes, how do you plan to change this project to increase participation?</p>  <p>How many more people do you estimate will participate than previously? _____</p> <p>How did you determine that there is a continuing need for this program?</p>
How many volunteers make up your board?

**Information Certification**

This application must be signed by two individuals; a minimum of one must be a member of the Board of Directors listed on the current Organization Profile.

I hereby allow the City of Melfort to circulate the information contained in this application for the purposes of adjudication. I hereby certify that the information contained in this application is accurate and complete.

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Signature	Print Name	Position	Date
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Signature	Print Name	Position	Date
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<p align="center"><b>Completed application form must be received in our office by 4:00 p.m. on March 1<sup>st</sup> 2022. If the deadline falls on a weekend or statutory holiday, the deadline becomes the next business day. Late applications will not be accepted. Please ensure that you have included all the required materials including your prior year's financial statement (new for the 2022-2023 intake).</b></p>
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**City of Melfort – Facility Bookings**  
 P.O. Box 2230 202 Burrows Ave W  
 Melfort, Saskatchewan S0E 1A0  
 Phone: 306-752-7906



## 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? (circle all that apply)

registered program

drop-in program

workshop

performance

special event

other \_\_\_\_\_

### 4. Who is the program intended for?

### 5. Are any of the groups below being specifically targeted? (if yes, circle ONE)

economically disadvantaged

new Canadians

older adults (65+ years)

persons with a disability

single-parent families'

youth at risk

How are you targeting this group?

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

**7. 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 \_\_\_\_\_

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

- newspaper ads
- TV ads
- radio ads
- posters in area/buildings where target population goes
- referral from professionals (eg, social workers, seniors' homes, schools, etc.)
- brochures distributed to target population
- other \_\_\_\_\_
- online communications
- community meetings
- word of mouth

**9. 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

**10. Is there a fee to participate?**  Yes  No Fee/person \$ \_\_\_\_\_

OR

Is the program free to participants?  Yes  No

**11. Estimate numbers, age ranges and gender of participants.**

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

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

- |                                   |                                      |                                  |  |
|-----------------------------------|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Posters  | <input type="checkbox"/> Newsletter  | <input type="checkbox"/> Radio   | <input type="checkbox"/> Newspaper     |
| <input type="checkbox"/> Banners  | <input type="checkbox"/> TV          | <input type="checkbox"/> Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Speeches | <input type="checkbox"/> Other _____ |                                  |  |



## Project Budget Summary

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

NOTE: Show expenses and revenues for the entire project, not just those covered by the grant.  
Revenues and Expenditures MUST balance on your proposed budget.

Revenues	Amount
Funding requested from this grant program	
Cash donations/fundraising	
Grants from other sources (complete chart at bottom of page)	
Other (complete chart at bottom of page)	
<b>Total Revenues</b>	<b>(a)</b>

Expenditures	Amount
Facilities	
Equipment costs (provide a breakdown below)	
1	
2	
3	
Travel Costs	
Staffing (maximum 455 hours in a grant period) Provide a breakdown below (3 of employees, hours of work, wages)	
1	
2	
3	
Training/Development costs	
Other direct related expenditures	
1	
2	
3	
4	
<b>Total Expenditures</b>	<b>(b)</b>

\*\* Please ensure that Total Revenue (a) = Total Expenditures (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 purposes of verification.

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