

LOCAL COMMUNITY GROUP FUNDING REQUEST FOR SASK LOTTERIES COMMUNITY GRANT FUNDS

| Name of Community | Group: | | |
|--|--------------------|--|----------------|
| Contact Name: | | | |
| Phone/Email: | | | |
| Project Description (Provide details on the program/event including: what it entails, the age group or demographic it is geared for | | | |
| (Youth/Seniors/Minority/Girls/All), if the program is new to the community or existing & any other information to support your application | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Project Start/End Date: | | | |
| Anticipated # of Rosthern Participants: Total # of Participants: | | | |
| Proposed Revenues | S: (Please include | e any fundraisers held/registration fees, etc) | Dollar Amount: |
| | | | \$ |
| | | | \$ |
| Proposed Expenditures: (Please include supplies, instructor fees, facility rentals, etc) | | | Dollar Amount: |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL PROJECT ESTIMATED COSTS: | | | \$ |
| Amount Requested from the Community Grant Program: | | | \$ |
| NOTE: PROJECTS MUST FALL WITHIN THE GRANT PERIOD OF APRIL 1 to MARCH 31. A FINANCIAL STATEMENT MUST | | | |

ACCOMPANY APPLICATION

Signature of Contact Person:

Date:

Please return the completed form by email to recreation@rosthern.com or drop off at the Town Office (710 Railway Avenue)