

# INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

2024



# INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

CONTACT INFORMA	ATION			Date:				
Name of Communit	ty/Organization:							
Cheque Payable to	: (if different from above)							
Contact Person:				Positio	n			
Address:						Postal C	ode:	
Phone:		Email:						
Alternate Contact:				Positio	n			
Address:						Postal C	ode:	
Phone:		Email:						
Administrative Cor	ntact: (Ex. Finance)							
Email:								
I FTTER OF SUPPO	RT (A letter of support mus	st he inclu	ded w	ith applic:	ation)			
From:	TT (Motter of Support Mac	or be more		тит аррио		Contact:		
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PROGRAM INFORM	ATION							
Sport Program:					Amou	ınt Reque	ested:	
Brief Summary of sport program:								
Start Date:			End	Date:				
DESIGNING YOUR SPORT PROGRAM (Step 2 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)  SUPPORT NEEDED								
Is the sport program new or existing? (please check)								
New sport program OR Existing sport which will be further developed.								

Future Goals of your sport: (sustaining sport development)							
What partners have you identified (Provincial Sport Organization, Triba			Inside community / outside community unity)				
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PARTICIPANTS							
Using the data from the answers i	n Step 1, please	check who the s	sport program going to support:				
O Both males and females	Males	Females					
What age(s) are the participants?		How many par	ticipants will be involved?				
How will your program recruit part	ticipants? (Pleas	e describe below	)				
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DEVELOPMENTALLY APPROPRIAT	TE SPORT						
What do you need to do in order to deliver the program? (Trained coaches, league play, skills camps)							
SPORTS TIMELINE	SPORTS TIMELINE						
LEAGUES AND COMPETITIONS (COVID-19 restrictions apply)							
Will the sport program be part of a league, if so which one?							
Will the team participate in competitions/league, if so, how many, and where? (Please list)							
Competition/League	Date		Location				

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FACILITY					
Where will the team practice? (Please list below)	Is the facility free?				
	Yes No				
COACHES					
Do you need coaches?	OYes ONo				
Will you require a coaching clinic?	○ Yes ○ No				
OFFICIALS					
Do you need officials?	Yes No				
Will you require official's clinic?	○ Yes ○ No				
VOLUNTEERS					
How many volunteers will you need to help out with the program	& how will volunteers be recruited?				
available resources to complete the application)  SUPPORT NEEDED  In the previous step you were able to identify who can help you with your sport program, please list					
who will support you to deliver your sport program: (only answer what applies)					
Coach -  Manager -					
Main Official -					
Transportation Driver -					
Community Leader (Principal, Councilor) -					
Helper/Volunteer -					
Helper/Volunteer -					
Other -					
FUNDING ACKNOWLEDGEMENT					
How will you promote this program and publicly acknowledge Sask Lotteries as the source of funding for your program? (please check below)					
□ Posters       □ Newsletter       □ Social Media (Facebook)       □ Radio       □ Annual Report         □ TV       □ Speeches       □ Word of mouth       □ Other:					

# **BUDGET SUMMARY**

**Note:** This budget summary will be the same used for the follow-up submission.

INCOME	Budgeted Amount	Follow-up Actual
Indigenous Community Sport Development Grant	\$	\$
Fundraising	\$	\$
Other sources (please list)		
1.	\$	\$
2.	\$	\$
TOTAL INCOME	\$	\$
EXPENDITURES: (identify in-kind expenditures with an asterisk*)	Amount	Follow-up Actual
Facilities (gym/arena usage)	\$	\$
Equipment Costs: Please list main items needed:		
a)	\$	\$
b)	\$	\$
c)	\$	\$
Travel costs (fuel costs, rentals, charter service)	\$	\$
Athlete Training / Development Cost	\$	\$
Food/Nutrition: (max 10%)	\$	\$
Registration Fees	\$	\$
Other direct related expenditures (please list)		
1.	\$	\$
2.	\$	\$
TOTAL EXPENDITURES	\$	\$
Surplus/deficit without Indigenous Community Sport Grant funding	\$	\$
Requested Grant Amount	\$	\$

## INFORMATION CERTIFICATION

I hereby certify that the information contained in this appl completed application form, a letter of support from the co	•
Authorized Signature of Community Applicant	Position
CHECKLIST	
Completed Application Form	
ONE letter of support from community leaders (Ex. school administrator, town administrator, minor spor chair, or community elected official (Chief or Mayor))	t organization president, recreation board
Completed budget summary in application in detail.	

## PLEASE SEND COMPLETED APPLICATION TO:

**Indigenous Community Sport Development Grant Program** 

Ryan Karakochuk Program Manager Northern Sport Culture & Recreation District Box 580 306-688-2122 office or 306-688-2123 fax rkarakochuk@nscrd.com





