



SASK SPORT

INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

2026



FUNDED BY



INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

CONTACT INFORMATION

| | | | |
|--|--|----------|--------------|
| | | Date: | |
| Name of Community/Organization: | | | |
| Cheque Payable to: (if different from above) | | | |
| Contact Person: | | Position | |
| Address: | | | Postal Code: |
| Phone: | | Email: | |
| Alternate Contact: | | Position | |
| Address: | | | Postal Code: |
| Phone: | | Email: | |
| Administrative Contact: (Ex. Finance) | | | |
| Email: | | | |

LETTER OF SUPPORT (A letter of support must be included with application)

| | | | | |
|--------------------------|-------|--|----------|--|
| <input type="checkbox"/> | From: | | Contact: | |
|--------------------------|-------|--|----------|--|

PROGRAM INFORMATION

| | | | |
|---------------------------------|--|-------------------|--|
| Sport Program: | | Amount Requested: | |
| Brief Summary of sport program: | | | |
| | | | |
| Start Date: | | End Date: | |

DESIGNING YOUR SPORT PROGRAM

SUPPORT NEEDED

| | |
|--|---|
| Is the sport program new or existing? (please check) | |
| <input type="radio"/> New sport program | <u>OR</u> <input type="radio"/> Existing sport which will be further developed. |

| |
|--|
| Future Goals of your sport: (sustaining sport development) |
|--|

| |
|--|
| |
| What partners have you identified to support the sport program? Inside community / outside community (Provincial Sport Organization, Tribal Council, School Division, Community) |
| |

PARTICIPANTS

| | | | |
|--|-----------------------------|--|--|
| Please check who the sport program going to support: | | | |
| <input type="radio"/> Both males and females | <input type="radio"/> Males | <input type="radio"/> Females | |
| What age(s) are the participants? | | How many participants will be involved? | |
| How will your program recruit participants? (Please describe below) | | | |
| | | | |

DEVELOPMENTALLY APPROPRIATE SPORT

| |
|---|
| What do you need to do in order to deliver the program? (Trained coaches, league play, skills camps) |
| |

SPORTS TIMELINE

LEAGUES AND COMPETITIONS

| 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 |
| | | |
| | | |
| | | |
| | | |

FACILITY

| | |
|--|--|
| Where will the team practice? (Please list below) | Is the facility free? |
| | <input type="radio"/> Yes <input type="radio"/> No |

COACHES

| | |
|--|--|
| Do you need coaches? | <input type="radio"/> Yes <input type="radio"/> No |
| Will you require a coaching clinic? | <input type="radio"/> Yes <input type="radio"/> No |

OFFICIALS

| | |
|--|--|
| Do you need officials? | <input type="radio"/> Yes <input type="radio"/> No |
| Will you require official's clinic? | <input type="radio"/> Yes <input type="radio"/> No |

VOLUNTEERS

| |
|---|
| How many volunteers will you need to help out with the program & how will volunteers be recruited? |
| |

DELIVERING YOUR SPORT PROGRAM

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) |
| <input type="checkbox"/> Posters <input type="checkbox"/> Newsletter <input type="checkbox"/> Social Media (Facebook) <input type="checkbox"/> Radio <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> TV <input type="checkbox"/> Speeches <input type="checkbox"/> Word of mouth <input type="checkbox"/> 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% of grant) | \$ | \$ |
| 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 application is accurate and complete. Which include a completed application form, a letter of support from the community and a completed budget summary in detail.

Authorized Signature of Community Applicant

Position

CHECKLIST

- Completed Application Form**
- ONE letter of support from community leaders**
(Ex. school administrator, town administrator, minor sport organization president, recreation board chair, or community elected official (Chief or Mayor))
- 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

