

****

|  |
| --- |
| **Saskatchewan Lotteries Community**  **Grant Program**  **Application**  **Program Cycle: April 1, 2025 – March 31, 2026** |

Deadline for Submission:

Friday, December 13, 2024, at 11:59 pm

Submit to:  
E-mail: fcss@lloydminster.ca

OR

Mail/Drop-off:

Saskatchewan Lotteries Community Grant Program

Attention: Patrick Lancaster

4420 50 Avenue

Lloydminster, AB/SK

T9V 0W2

For more Information:

Contact the City of Lloydminster at 780-875-6184 Ext 2909 or

fcsss@lloydminster.ca

[www.lloydminster.ca/grants](http://www.lloydminster.ca/grants)

|  |
| --- |
| **APPLICANT INFORMATION** |

|  |  |
| --- | --- |
| Legal Organization Name |  |
| Operating Name (if different from above) |  |
| Non-Profit Number |  |
| Mailing Address |  |
| Phone Number |  |

|  |
| --- |
| **CONTACT INFORMATION** |

|  |  |
| --- | --- |
| Primary Contact Person and Position |  |
| Phone Number |  |
| E-mail Address |  |

|  |
| --- |
| **PROGRAM OVERVIEW** |

|  |  |
| --- | --- |
| Program Title |  |
| Funding Request Amount |  |
| Start Date |  |
| End Date |  |
| Duration of the Program (in weeks) |  |
| Days the Program is Offered |  |
| Total Number of Program Hours |  |
| Program Location(s) |  |
| Time the Program is Offered |  |
| Ages of Participants |  |
| Number of Volunteers Involved |  |
| Anticipated Number of Participants per Day |  |
| Anticipated Total Number of Participants |  |

|  |
| --- |
| **ORGANIZATIONAL OVERVIEW** |

|  |
| --- |
| 1. Provide a brief overview of your organization (i.e., mission, mandate, goals, programs, etc.). |
|  |

|  |
| --- |
| **PROGRAM DETAILS** |

|  |
| --- |
| 2. Under which required category does your program fall? (Pick one.) |
|  |

|  |
| --- |
| 3. Provide a comprehensive overview of your program. Include the program's objectives, the benefits for participants and the community, and the location where the program will be held. Be sure to offer enough detail to clearly illustrate the program's activities and what participants will be doing |
|  |

|  |
| --- |
| 4. What outcomes (impact, benefits, and results) do you hope to achieve through this program? How will you evaluate its success? |
|  |

|  |
| --- |
| 5. Has this program been offered in the past? If so, what were its successes and/or challenges? |
|  |

|  |
| --- |
| 6. Will this program be open to the public?  If so, describe how this program is accessible to the public and who can participate. |
|  |

|  |
| --- |
| **COMMUNITY NEED** |

|  |
| --- |
| 7. Why is your program needed? How did you determine this need exists? |
|  |

|  |
| --- |
| 8. What is unique about your program? How is it different from other existing programs? |
|  |

|  |
| --- |
| 9. Is your proposed program a duplication of or similar to an existing program in the community? If so, why is duplication necessary? |
|  |

|  |
| --- |
| **INCLUSION OF UNDER-REPRESENTED POPULATIONS** |

The Saskatchewan Lotteries Community Grant Program aims to increase participation for under-represented populations within communities through regular programming and/or special programs specifically meeting their needs.

|  |
| --- |
| 10. Which of the following under-represented populations will your program directly target?  Please select only the groups that your program specifically aims to involve. Do not include those who may attend but are not directly targeted by your efforts*.* |
| The program does not directly target any under-represented populations.  Seniors  Women  Youth at risk  Economically Disadvantaged  Persons with a Disability  Single-parent families  Indigenous People |

|  |
| --- |
| 11. Provide the estimated number of participants for each under-represented population your program will involve.  Note: Accurate participant data for these groups will be required in your annual Follow-Up Report. Please ensure you have a reliable tracking system in place to gather this information. |
| The program does not directly target any under-represented populations.   |  |  | | --- | --- | | Indigenous People |  | | Seniors |  | | Women |  | | Youth at risk |  | | Economically Disadvantaged |  | | Persons with a Disability |  | | Single-parent families |  | |

|  |
| --- |
| 12. Describe how under-represented populations will be involved in the planning, operations, and/or evaluation of your program.  Explain the specific actions or strategies you will implement to ensure meaningful inclusion and engagement of these populations throughout the program lifecycle, including decision-making and feedback processes*.* |
|  |

|  |
| --- |
| **ACCESSIBILITY AND BARRIERS** |

|  |
| --- |
| 13. What barriers have been addressed or eliminated in the design of this program? What barriers remain?  Barriers could include cost, transportation, limited awareness or communication, scheduling conflicts, accessibility for persons with disabilities, limited facility availability, equipment needs, lack of qualified instructors or volunteers, cultural or language barriers, weather conditions, childcare needs, or perception of exclusivity. |
|  |

|  |
| --- |
| 14. Is there a cost for participants to join? If yes, explain fees, travel, and equipment costs. If no, explain why. |
|  |

|  |
| --- |
| **FINANCIAL NEED** |

|  |
| --- |
| 15. Why is Saskatchewan Lotteries Community Grant funding needed? |
|  |

|  |
| --- |
| 16. How will your program be impacted if it does not receive Saskatchewan Lotteries Community Grant funding? Explain what aspects of the program will be affected. |
|  |

|  |
| --- |
| 17. How is your organization contributing to the program? Contributions could include financial support, in-kind contributions (such as the use of facilities, equipment, or supplies), and volunteer support. |
|  |

|  |
| --- |
| 18. Include any additional comments that the review committee should consider when reviewing your application. |
|  |

|  |
| --- |
| **PREVIOUS GRANT CYCLE UPDATE (IF APPLICABLE)** |

|  |
| --- |
| 19. If your program was approved for Saskatchewan Lotteries Community Grant Program funding in the previous cycle (2024-2025), please provide a brief update on its status. |
|  |

|  |
| --- |
| **PROGRAM BUDGET** |

Please complete the following budget for the proposed program only, providing as much detail as possible.

* Identify all sources of income, including self-generated revenue, donations, fundraising, registration fees, sponsorships, grants, and other funding sources.
* Identify all anticipated expenditures for the proposed program (e.g., sports/music equipment, facility rental, facilitator/coach/contractor fees, admission fees, advertising, etc.). Please refer to the list of eligible and ineligible expenditures and categorize each expense accordingly, providing as much detail as possible.
* **IMPORTANT**: Copies of receipts, payroll records, or audited financial statements are required to verify expenditures during final reporting. Payroll records must include timesheets and detailed pay stubs. Please refer to "Subsidization of wages for full-time employees" for more information.

|  |  |
| --- | --- |
| Sources of Revenue for Proposed Program: | Dollar Amount |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Total Revenue Before Saskatchewan Lotteries Grant Request | $ |
| **Saskatchewan Lotteries Grant Request (may not exceed “Eligible” Expenses below or grant maximum of $10,000)** | $ |
| Total Revenue from All Sources | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Expenditures for Proposed Program: | Eligible for Saskatchewan Lotteries Grant | Ineligible for Saskatchewan Lotteries Grant | Total Program Expenses |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| Total Expenditures | $ | $ | $ |

|  |
| --- |
| **DECLARATION** |

In making this application, we hereby represent to the City of Lloydminster’s Saskatchewan Lotteries Community Grant Program and declare that, to the best of our knowledge and belief, the information provided is truthful and accurate. The application is made on behalf of the named organization and with the full knowledge and consent of the Board of Directors. Furthermore, we agree to the following conditions:

* We have read the guidelines and agree to abide by all terms and conditions of the Saskatchewan Lotteries Community Grant Program if approved.
* Confirmation of appropriate liability and participant insurance for the program being funded must be provided before the initial grant installment is issued.
* We agree to publicly acknowledge Saskatchewan Lotteries and the City of Lloydminster as sources of funding for the program.
* Grant funding, if approved, is based on the details provided in this application. The City of Lloydminster must be advised of any material changes to the program, and continued funding will be at the City’s discretion.
* A Project Report is required within 30 days following the end of the program, or by April 30, 2026, whichever is earlier, and must be submitted directly to the City of Lloydminster. Any organization not submitting the required reporting may be ineligible for future grant funding administered by the City of Lloydminster. Unused funds or funds used for purposes other than what was approved must be returned.
* Late applications will not be accepted.

Official Representatives (i.e., Chairperson, Treasurer, Executive Director):

Name:  Position: 

Signature:  Date: 

The personal information gathered will only be used or disclosed for the purposes for which it was collected or, in limited circumstances, in accordance with the Saskatchewan *Local Authorities Freedom of Information and Protection of Privacy Act*.