



Facility Operator Support Program Application Form

Applicant/Endorsement:

I hereby endorse this application for funding assistance through the Rivers West District *Facility Operator Support Program*:

Name: _____ Position: _____

Organization: _____

Mailing Address: _____

Phone #: (306) _____ email: _____

Signature: _____

Participant information:

Name: _____ Position: _____

Name: _____ Position: _____

Course/Training Details:

Date of Course/Training: _____ Location: _____

Please provide a brief description of the course/training opportunity:

Is the course/training opportunity a requirement for this (these) positions? Yes _____ No _____

Please explain:

Will you be receiving other funding to use for this course/training opportunity? Yes _____ No _____

If yes, please list the other sources of funding:

Is this course/training opportunity available within Rivers West District? Yes _____ No _____

Tentative Budget:

Please provide a detailed tentative budget. Include all expenditures and sources of revenue.

Revenues	Budget
Employer contribution	
Employee contribution	
Other (please list)	
Rivers West District request	
Total Revenues	

Expenditures	Budget
Mileage/travel (both ways at \$.50/km)	
Meals (maximum \$40/day)	
Accommodations	
Registration fees	
Course materials	
Other (please list)	
Total Expenditures	

**If this application is successful the cheque should be made out to:

Please complete all sections of the application and return the completed form to:

Rivers West District for Sport, Culture & Recreation Inc.
P.O. Box 1480, Rosetown, SK., S0L 2V0
Attention: Donna Johnston-Genest, Executive Director
Email: rwdscri.donna@sasktel.net
Fax #: (306) 882-2744

Applications will be funded to a maximum of \$500 per participant. Each community will be funded to a maximum of \$1,000 per fiscal year (April 1 to March 31). Funding will only be forwarded after the follow-up form with copies of all related expenses has been submitted to Rivers West District, no later than 4 weeks after successful completion of the course/training opportunity. Failure to do so will jeopardize any future funding requests by your organization/community.

For Office Use Only:	
Date received: _____	Date approved: _____
Amount approved: _____	Cheque #: _____ Date of issue: _____
Date of rejection: _____	Reason for rejection: _____
Authorized signature: _____	

