



# 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: \_\_\_\_\_

### Voluntary Self-Declaration

Number of participants of Aboriginal descent: \_\_\_\_\_

If yes, are participants:  Status  Non Status  Métis

Number of participants who are new Canadians? \_\_\_\_\_

Number of youth 13-18 years old: \_\_\_\_\_

### 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	
<b>Total Revenues</b>	

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

**\*\*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: [rwdsr.donna@sasktel.net](mailto:rwdsr.donna@sasktel.net)

**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.**

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