



Rivers West District for Sport, Culture & Recreation Inc.

**Sport, Culture & Recreation
Event and Partnership Building
Program
Application Form**

**Rivers West District for Sport, Culture & Recreation Inc.
P.O. Box 1480
Rosetown, Saskatchewan
S0L 2V0
Phone: (306) 882-3030
Email: rwdscri.donna@sasktel.net**

Sport, Culture & Recreation Event and Partnership Building Program Application Guidelines

REQUIREMENTS:

- ✓ You must be a current paid member of the Rivers West District for Sport, Culture & Recreation Inc.
- ✓ To ensure successful review of your application you should submit your application six weeks in advance of the commencement of your project.
- ✓ The project must be open to all residents of the Rivers West District and be held within District boundaries.
- ✓ Saskatchewan Lotteries Trust Fund for Sport, Culture and Recreation along with Rivers West District must be acknowledged in all advertising and promotion for the project. Logos for both organizations are available from the Rivers West District. Advertising in the Rivers West District newsletter is done free of charge for members.
- ✓ You agree to forward receipts and records of the project, photos, press clippings, etc. to the Rivers West District.

CRITERIA:

- ✓ No organization shall receive funding more than once per fiscal year.
- ✓ Projects will be funded to a maximum of **\$500.00** Projects may be eligible for increased funding, at the discretion of the Rivers West District Board of Directors.
- ✓ Retroactive funding will not be considered.
- ✓ A complete follow-up report must be submitted immediately following completion of the project. Failure to submit a complete follow-up will result in the funds being returned to the Rivers West District.
- ✓ Ineligible expenses include, but are not limited to: capital purchases, equipment purchases, uniforms, utility expenses, food expenses, prizes, trophies.
- ✓ Funds are allocated on a first come, first served basis.

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CONTACT INFORMATION:

Name: _____

Address: _____
P.O. Box/Street Town Postal Code

Phone #: _____ (h) _____ (w)

Email Address: _____

Organization being represented: _____

Municipality being represented: _____

Signature of municipal representative: _____

If awarded a grant, who should the cheque be made payable to: _____

PROJECT INFORMATION:

Project Title: _____

Project Description: _____

Project Date(s): _____

Location(s): _____

Anticipated Number of Participants: _____

Benefits to the Community, District and Province: _____

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PROJECTED BUDGET:

Expenses:

Mileage \$
Rent \$
Promotion \$
Advertising \$
Supplies (specify) \$
Instructor \$

Revenue:

Registration \$
Self Help \$
Other Grants \$
Rivers West Grant \$
Other (specify) \$

Other (specify) \$

Total Expenses: _____ **Total Revenue:** _____

Signature of Applicant: _____ **Date:** _____

NOTE: If this application is for a portion (ex: walk-a-thon, triathlon, bird watching tour, polka party, bed races) of a larger event (ex: homecoming, reunion) please just provide the budget for the specific portion of the event that you are applying for.

For Office Use Only:

Date Received: _____ **Amount Approved:** _____ **Date Approved:** _____

Rejected (reason): _____

Notification sent: _____ **Follow-up Report received:** _____

Cheque # issued: _____ **Amount:** _____ **Date of issue:** _____