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

Contact Information:

I hereby submit this application for funding assistance through the Rivers West District *Sport, Culture & Recreation Event & Partnership Building Program:*

Name:_____ Position: _____

Mailing Address: _____

Phone:_____ E-Mail_____

Organization being represented: _____

Municipality being represented: _____

Project Information:

Project Title: _____

Project Description: _____

_____

_____

_____

_____

Project Date(s): _____ Location: _____

Anticipated Number of Participants: _____

Benefits to the Community/District/Province: _____

_____

_____

_____

_____

_____

_____

Supported by:

SASK LOTTERIES

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Projected Budget:

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

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.

Revenues	Budget
Registration	
Self Help	
Other Grants	
Rivers West District request (maximum possible reimbursement $500)	
Other (please specify)	
Total Revenues	

Expenditures	Budget
Mileage/travel	
Rent	
Promotion	
Advertising	
Supplies (please specify)	
Instructor	
Other (please specify)	
Total Expenditures	

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**** If your application is approved, please indicate your preferred payment method:**

☐ Cheque (please provide complete mailing address)

_____

_____

☐ E-Transfer (please provide e-mail address or cellular phone number to send to)

_____

_____

x_____ _____

Authorized Signature **Date**

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

Rivers West District for Sport, Culture & Recreation Inc.
P.O. Box 822, North Battleford, SK., S9A 2Z3
Attention: Antje Rongve, Executive Director
Email: ed@riverswestdistrict.ca

For Office Use Only:

Date received: _____ **Date approved:** _____

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

Date of rejection: _____ **Reason for rejection:** _____

Authorized signature: _____

Supported by:
SASK LOTTERIES