



**SASK SPORT**

**INDIGENOUS COMMUNITY SPORT DEVELOPMENT  
GRANT PROGRAM  
APPLICATION FORM**

2026



FUNDED BY



# INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

## CONTACT INFORMATION

		Date:	
Name of Community/Organization:			
Cheque Payable to: (if different from above)			
Contact Person:		Position	
Address:			Postal Code:
Phone:		Email:	
Alternate Contact:		Position	
Address:			Postal Code:
Phone:		Email:	
Administrative Contact: (Ex. Finance)			
Email:			

## LETTER OF SUPPORT (A letter of support must be included with application)

<input type="checkbox"/>	From:		Contact:	
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## PROGRAM INFORMATION

Sport Program:		Amount Requested:	
Brief Summary of sport program:			
Start Date:		End Date:	

## DESIGNING YOUR SPORT PROGRAM

(Step 2 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)

### SUPPORT NEEDED

Is the sport program new or existing? (please check)	
<input type="radio"/> New sport program	<input checked="" type="radio"/> Existing sport which will be further developed.

**Future Goals of your sport:** (sustaining sport development)

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**What partners have you identified to support the sport program?** Inside community / outside community (Provincial Sport Organization, Tribal Council, School Division, Community)

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### **PARTICIPANTS**

**Using the data from the answers in Step 1, please check who the sport program going to support:**

Both males and females       Males       Females

<b>What age(s) are the participants?</b>		<b>How many participants will be involved?</b>	
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**How will your program recruit participants?** (Please describe below)

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### **DEVELOPMENTALLY APPROPRIATE SPORT**

**What do you need to do in order to deliver the program?** (Trained coaches, league play, skills camps)

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### **SPORTS TIMELINE**

#### **LEAGUES AND COMPETITIONS (COVID-19 restrictions apply)**

**Will the sport program be part of a league, if so which one?**

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**Will the team participate in competitions/league, if so, how many, and where? (Please list)**

<b>Competition/League</b>	<b>Date</b>	<b>Location</b>

## FACILITY

<b>Where will the team practice? (Please list below)</b>	<b>Is the facility free?</b>
	<input type="radio"/> Yes <input type="radio"/> No

## COACHES

<b>Do you need coaches?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Will you require a coaching clinic?</b>	<input type="radio"/> Yes <input type="radio"/> No

## OFFICIALS

<b>Do you need officials?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Will you require official's clinic?</b>	<input type="radio"/> Yes <input type="radio"/> No

## VOLUNTEERS

<b>How many volunteers will you need to help out with the program &amp; how will volunteers be recruited?</b>

## DELIVERING YOUR SPORT PROGRAM

*(Step 3 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)*

### SUPPORT NEEDED

<b>In the previous step you were able to identify who can help you with your sport program, please list who will support you to deliver your sport program: (only answer what applies)</b>
<b>Coach -</b>
<b>Manager -</b>
<b>Main Official -</b>
<b>Transportation Driver -</b>
<b>Community Leader (Principal, Councilor) -</b>
<b>Helper/Volunteer -</b>
<b>Helper/Volunteer -</b>
<b>Other -</b>

### FUNDING ACKNOWLEDGEMENT

<b>How will you promote this program and publicly acknowledge Sask Lotteries as the source of funding for your program? (please check below)</b>
<input type="checkbox"/> Posters <input type="checkbox"/> Newsletter <input type="checkbox"/> Social Media (Facebook) <input type="checkbox"/> Radio <input type="checkbox"/> Annual Report
<input type="checkbox"/> TV <input type="checkbox"/> Speeches <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other:

## BUDGET SUMMARY

**Note:** This budget summary will be the same used for the follow-up submission.

<b>INCOME</b>	<b>Budgeted Amount</b>	<b>Follow-up Actual</b>
Indigenous Community Sport Development Grant	\$	\$
Fundraising	\$	\$
Other sources (please list)		
1.	\$	\$
2.	\$	\$
<b>TOTAL INCOME</b>	\$ 0.00	\$ 0.00
<b>EXPENDITURES: (identify in-kind expenditures with an asterisk*)</b>	<b>Amount</b>	<b>Follow-up Actual</b>
Facilities (gym/arena usage)	\$	\$
Equipment Costs: Please list main items needed:		
a)	\$	\$
b)	\$	\$
c)	\$	\$
Travel costs (fuel costs, rentals, charter service)	\$	\$
Athlete Training / Development Cost	\$	\$
Food/Nutrition: (max 10%)	\$	\$
Registration Fees	\$	\$
Other direct related expenditures (please list)		
1.	\$	\$
2.	\$	\$
<b>TOTAL EXPENDITURES</b>	\$ 0.00	\$ 0.00
<b>Surplus/deficit without Indigenous Community Sport Grant funding</b>	\$ 0.00	\$ 0.00
<b>Requested Grant Amount</b>	\$	\$

## INFORMATION CERTIFICATION

I hereby certify that the information contained in this application is accurate and complete. Which include a completed application form, a letter of support from the community and a completed budget summary in detail.

\_\_\_\_\_  
Authorized Signature of Community Applicant

\_\_\_\_\_  
Position

## CHECKLIST

- Completed Application Form**
- Two letters of support from community leaders**  
(Ex. school administrator, town administrator, minor sport organization president, recreation board chair, or community elected official (Chief or Mayor))
- Completed budget summary in detail**

### PLEASE SEND COMPLETED APPLICATION TO:

#### Indigenous Community Sport Development Grant Program

Rivers West District for Sport, Culture & Recreation

Box 607, Kerrobert, SK. S0L 1R0

ATTN: Bobbi Hebron, Community Development Coordinator

PH: 306-494-7771 [EMAIL: cdcroses@riverswestdistrict.ca](mailto:cdcroses@riverswestdistrict.ca)

