



# Application Form for Community Organizations Aboriginal Participation Initiative Urban Aboriginal Community Grant Program

## APPLICATION FORM

**REVISED OCTOBER 2005**

Please **contact** the Moose Jaw Parks and Recreation Department to obtain a copy of the application guide and application forms. Contact information is available at the end of the sample application form.

### 1. Applicant Information

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

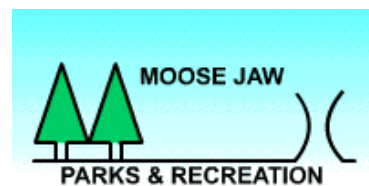
Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Alternate contact for your organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_





**The following documentation is required:**

- One signed copy of the organization's most recent audited financial statement as presented at your last Annual General Meeting, or a financial statement signed by appropriate Board authorities. Information and an explanation regarding any accumulated surplus or deficit must be included with the financial statements.
- A copy of a letter from the Corporations Branch verifying **current** incorporation status for your organization.
- A short outline of the organizational mandate or goals.

**2. Which category of activity would you consider your project?**

Sport       Culture       Recreation

**3. What is the grant amount being requested: \$ \_\_\_\_\_**

Have you received grant funding for this project in prior years?

No

Yes If yes, please indicate source and amount \_\_\_\_\_.

If this is not a new program, how do you plan to change this project to increase participation? Please answer the following.

1. How many more people are you estimating will participate than previously? \_\_\_\_\_
2. How did you determine that there is a continuing need for this program?

**4. Please provide a brief project description.**



**5. Please list project objectives:**

**6. Indicate the length and duration of the program:**

Starting Date of Project: \_\_\_\_\_

Completion Date of Project: \_\_\_\_\_

Program dates: \_\_\_\_\_

Number of weeks: \_\_\_\_\_

Program Times: \_\_\_\_\_

Location(s): \_\_\_\_\_

**7. Program Structure:**

a) Is this a registration-based or drop-in program? Specify.

b) Identify the leadership required (who, how many, instructors, coaches, coordinators):

c) Estimate how many volunteers may become involved in this project?

0-10     11-20     21-30     31-40     41-50     50+



d) What leadership training or organizational development initiatives will be required and where will this be obtained? (Be as specific as possible.)

**8. Please provide estimates on participation in this program based on the following age and gender grid.**

Age Ranges	Male	Female	Total
0-12			
13-19			
20-29			
30-50			
Over 50			
<b>Total</b>			

What is the estimated percentage of aboriginal participants: \_\_\_\_\_%

**9. What are the key barrier(s) to participation you will address? (Check as many as appropriate)**

- cost
- not aware of activity
- transportation
- lack of leaders and role models
- access to facilities/equipment
- disability
- health and nutrition issues
- no one to go with
- don't have necessary skills
- lack of childcare support
- lack of cultural sensitivity



**10. Which of the following planning initiatives were key to determining this program as a priority initiative for Aboriginal people within the community?**

- By focusing decreasing barriers to sport, culture and recreation activities and therefore improve the education, health and/or well-being of Aboriginal children, youth and families;
  - By actively involving those to whom the programs and services were to be provided in the development, management and delivery of the programs;
  - By addressing community-identified needs;
  - Demonstrating cultural sensitivity, reflecting input of the community;
  - By integrating and coordinating with other community programs and services of a similar nature.
  - Other: \_\_\_\_\_
- 

**11. How will you promote this program and publicly acknowledge the Community Initiatives Fund and Saskatchewan Lotteries as the source of funding for your program?**

- posters     newsletter     newspaper     banners     radio
- TV     speeches     word of mouth     other: \_\_\_\_\_

**12. Evaluation:**

a) What key success indicators (outcomes) will be used to determine the success of the program?

b) How do you plan to involve your target group in evaluating your program?

**13. Who is the contact person for your organization who will be presenting your application to the adjudication committee?**



Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**14. Other Comments:**

**15. Please complete the budget summary on the attached page in detail.**

**16. Information Certification**

I hereby certify that the information contained in this application is accurate and complete.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Please send completed application to:**

Urban Aboriginal Community Grant Program  
Moose Jaw Parks and Recreation Dept  
228 Main Street N  
Moose Jaw  
S6H 3J8  
Attention: Jasmine Jackman  
Phone: 694-4481 Fax: 692:7151  
Email: JBoyle@moosejaw.ca



### Budget Summary

**Note:** You must show total expenses and revenue for the project. Revenue and expenses should be equal if possible.

<b>Income:</b>	<b>Amount</b>
Other grants (see Table 1 below)	\$
Fundraising	\$
Cash Donations/sponsorships	\$
In-kind contributions (non-cash – please list)	\$
1.	\$
2.	\$
Other sources (please list)	\$
1.	\$
2.	\$
3.	
<b>Total Income</b>	<b>Amount</b>
	\$
<b>Expenditures: (<i>identify in-kind expenditures with an asterisk*</i>)</b>	\$
Facilities	\$
Equipment Costs	\$
Travel costs	\$
Staff salaries	\$
Training/Development Costs	\$
Other direct related expenditures (please list):	\$
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
<b>Total expenditures</b>	\$
<b>Surplus/deficit without Urban Aboriginal Community Grant Program funding</b>	
<b>Requested Grant Amount</b>	



Table 1 - Indicate where you have requested/accessed other grant fund sources:

Name of Organization/Fund	Requested	Received
1.		
2.		
3.		
4.		