



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

### 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 ensure you complete Table 1 in the budget summary.

If you answered yes to the above question, 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) Describe the types of leadership development and organizational development initiatives that will occur through this activity. How will it occur and who will conduct it? Be as specific as possible, including at least; who is involved, when it occurs, how many participating, instructors, coaches, coordinators, participant training etc.

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

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

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

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

What is the estimated percentage of First Nation and Metis 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

What strategies will be used to reduce the barrier(s) to participation indicated?

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. Other Comments:**

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



## 15. Information Certification

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

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

\_\_\_\_\_  
Date

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

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### Please send completed application to:

Urban Aboriginal Community Grant Program  
c/o City of Lloydminster  
Common Wealth Centre  
#1 5202 – 12 street  
T9V 0W1  
Lloydminster, AB  
Phone: (780) 875-4529 ext 1006  
Fax: (780) 875-4303  
Email: [jturcotte@lloydminster.ca](mailto:jturcotte@lloydminster.ca)



### Budget Summary

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

Income:	Amount	Follow-up Actual	
Other grants (see Table 1 below)	\$	\$	
Fundraising	\$	\$	
Cash Donations/sponsorships	\$	\$	
In-kind contributions (non-cash – please list)	\$	\$	
Other sources (please list)	\$	\$	
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
<b>Total Income</b>	<b>\$</b>	<b>\$</b>	
Expenditures: ( <i>identify in-kind expenditures with an asterisk*</i> )	Amount		Receipts Enclosed
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>\$</b>	<b>\$</b>	
<b>Surplus/deficit without Urban Aboriginal Community Grant Program funding</b>	<b>\$</b>	<b>\$</b>	
<b>Requested Grant Amount</b>	<b>\$</b>	<b>\$</b>	

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

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