



**SASKATCHEWAN LOTTERIES  
COMMUNITY GRANT PROGRAM  
APPLICATION**

**Return to: Town of Battleford  
Parks & Recreation Dept.**

Box 1240, 421 – 29 Street (South side –  
Dillabough Center)

Battleford, SK S0M 0E0

Tel: 306-937-6216 Fax: 306-937-3103

Contact: Rachael MacDonald

**PLEASE PRINT**

1 Name of Group: \_\_\_\_\_

Non-Profit No: \_\_\_\_\_

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

2 Contact Person: \_\_\_\_\_

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

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

3 Proposed Activity/Program/Event etc: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4 Proposed Date[s]: \_\_\_\_\_

Time[s]: \_\_\_\_\_

Location: \_\_\_\_\_

5 Project description [include objectives of program, benefits to participants]:

If more space is required, please use back

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6 Estimated number of participants: \_\_\_\_\_

Estimated # of Participants from Battleford \_\_\_\_\_

Estimated # of Participants from RM of Battle River #438 \_\_\_\_\_

7 Has your group applied for funding through any other grants or avenues?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where else have you applied for funding and amount requested/approved.

\_\_\_\_\_

8 Proposed Budget:

**Expenditures:**

Details

\$ Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total

**Revenue:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total

Amount requested from Community Grant

SELF HELP

\_\_\_\_\_  
\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Town of Battleford  
COMMUNITY GRANT PROGRAM  
GUIDELINES AND CRITERIA

**Purpose**

To provide local community groups and organizations with financial assistance to develop, expand and improve opportunities for participation in culture, recreation, and sport.

**Objectives**

1. To encourage the development and awareness of cultural recreation and sport activities and opportunities in Battleford.
2. To encourage greater participation in cultural, recreation and sport activities in Battleford.
3. To encourage leadership development in all areas at the community level.
4. To provide opportunities for the development of skills and appreciation of every level of competition.

**Eligibility**

To be eligible for funding, groups and organizations must be a non-profit group recognized by the Town of Battleford Parks and Recreation Board as providing cultural, recreation or sport services to the residents of the Town of Battleford. Normally, the majority of the group membership will be residents of the Town of Battleford or the Rural Municipality of Battle River #438.

**Eligible Expenditures**

1. Facility rentals
2. Instructor fees and related costs (mileage, hotel, etc.)
3. Equipment "deemed necessary to carry out the program". Should the organization cease operation, purchased equipment will become property of the Town of Battleford Parks and Recreation Department
4. Program supplies (i.e. paper, clay, art/craft supplies, etc.)
5. Promotion and advertising of the program
6. Educational upgrading in relation to program development
7. Wages for part-time employment not to exceed 450 hours in the grant year. (35 hours/week for no more than 90 days in a grant period)

### **The Following Requests Are Not Eligible for Funding**

1. Construction, renovation, retro-fit and repairs to buildings/facilities (this includes fixing doors, shingling roofs, installing flooring, moving/hauling dirt, etc.)
2. Maintenance and operation costs of facilities that are not directly related to a program supported by this grant (this includes cleaning staff, vacuum cleaners, telephone service charges, property taxes, insurance, etc.)
3. Alcoholic beverages
4. Donations
5. Food or food related costs (this includes catering supplies, coffee pots, coffee, stoves, etc.)
6. Membership fees in other lottery-funded organizations
7. Prizes, cash, gift, awards, honorariums, trophies, plaques, and badges
8. Out of province activities and travel
9. Subsidization of wages for full time employees. Eligible employment expenditures are less than 35 hours a week for no more than 90 days in a grant period
10. Uniforms or personal items such as sweatbands and hats
11. Play offs, tournaments, bonspiels, or competitions

### **Assistance Available**

1. The Town of Battleford Parks and Recreation Board expects groups to contribute to the project as well. A general guideline would be that self-help should cover at least 50% of the project.
2. Town schools and institutions would be eligible for this grant program if it can be demonstrated that the activity or purchase will benefit the community as a whole.

### **Application Procedure and Criteria**

1. Groups must complete the Community Grant Application Form and submit it to the Parks and Recreation Board in advance of the project. Retroactive funding for the project will not be considered nor will the Board assume any liability for projects that have not been approved.
2. Once the Committee has approved the application, a letter will be sent to your group letting you know how much funding the grant will cover. The items approved can then be purchased by the group.
3. The final report must be completely filled out and submitted to the Parks and Recreation office within 60 days following the event. Copies of all invoices, receipts, and proof of payment of all expenditures must be attached. Please note: invoices are not considered proof of payment. actual receipts or cancelled cheques are the only proof that will be accepted. Receipts MUST correspond with items stated in the application. (Example: if the application stated the grant funds were to be used to purchase computers and receipts for advertising and office supplies are submitted, no funds would be reimbursed.)

4. Once the follow up forms and proof of purchase are received by the Committee, a cheque will be sent for reimbursement of the items purchased.
5. Projects are to be open to all interested people in the Town.
6. Projects must not duplicate existing programs.
7. If the request is for equipment purchase, then the organization must be willing to consider allowing the equipment to be used by other non-profit groups in the Town.
8. Projects must take place within the vicinity of the Town of Battleford.
9. Preference will be given to organizations that have not received funding through the program before.
10. Organizations can receive funding for projects in succeeding years, however, the funding level may be decreased if the Board so determines.
11. Recognition must be given to "Saskatchewan Lotteries" for funding assistance in all advertising pertaining to the project.
12. All projects must be completed by March 31 of the current grant year.
13. Upon receipt of the completed Saskatchewan Lotteries follow-up forms by the Parks and Recreation Department, the allotted funds will be paid out to previously approved applicants.
14. The Town of Battleford Parks and Recreation Board may provide grants based upon other factors not identified in the above criteria.

APPLICATION FORMS ARE AVAILABLE AT THE PARKS AND RECREATION OFFICE (306-937-6216) OR  
ONLINE AT [WWW.BATTLEFORD.CA](http://WWW.BATTLEFORD.CA).



**DIRECT DEPOSIT (ELECTRONIC FUND TRANSFER) PAYMENT REQUEST FORM**

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

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

E-Mail: \_\_\_\_\_  
(Where the notice of payment should be emailed to)

Please sign this form authorizing payment by direct deposit to your account

I hereby authorize direct deposit to account designated below.

Signers Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone No: \_\_\_\_\_

Please do A or B: (A is preferable unless we are paying to a non- chequing account)

A) Attach a current blank cheque marked void, a copy of a voided cheque,  
or your banks direct deposit information form

B) Complete the bottom portion:

Branch	Institution	Account Number
_____	_____	_____
5 digits	3 digits	

Name of Financial Institution: \_\_\_\_\_

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

Please fax to 306-937-2450 or email to: [acctclerk@battleford.ca](mailto:acctclerk@battleford.ca)