



## 2009-2010 Community Initiated Partnership Program Application Form

MEMBER COMMUNITY \_\_\_\_\_  
ORGANIZING GROUP \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ Email \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

Authorization required from Member Recreation Board Chair or Secretary/Treasurer or  
Administrator of Member Municipality

Name \_\_\_\_\_ Position \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Identify Area of Focus (check all that apply):

\_\_\_\_ Arts/Culture \_\_\_\_ Physical Activity/Wellness \_\_\_\_ Sport Development  
\_\_\_\_ Capacity Building/Volunteer Development \_\_\_\_ Aboriginal Participation \_\_\_\_ Seniors (55+)

Program Title \_\_\_\_\_ # of Participants \_\_\_\_\_

Program Dates \_\_\_\_\_ # of Program Hrs. \_\_\_\_\_

Target Population (age, gender) \_\_\_\_\_

Is this a new program or an enhanced recurring program \_\_\_\_\_

Program Description - Attach additional page if necessary

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Program Objectives: What do you hope to achieve? What are the intended results? Attach additional  
page if necessary

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List a minimum of two other Communities you will be inviting to participate?

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How will the Saskatchewan Lotteries and SWDCRS be recognized? \_\_\_\_\_

List any community group or organization and other partners that are involved. \_\_\_\_\_

How are community organizations, leaders and participants involved in the program design and delivery? \_\_\_\_\_

Please provide any other comments or information you think will help support your proposal.

**EXPENSES**

Honorarium \_\_\_\_\_  
(instructor/facilitator)  
Number of hours x  
Rate per hour x = Total

Mileage - Actual kms \_\_\_\_\_  
X \$0.38/km

Rent /hr/day \_\_\_\_\_  
Number of hours x  
Rate per hour = Total

Advertising \_\_\_\_\_

Program supplies \_\_\_\_\_

Other expenses \_\_\_\_\_  
(please list)

Total Anticipated Expenses \_\_\_\_\_

**REVENUES**

Registration Fees \_\_\_\_\_  
Number of participants x  
Registration fee = Total

Other Sources/Grants \_\_\_\_\_

Requested Grant \_\_\_\_\_

Total Anticipated Revenues \_\_\_\_\_

\_\_\_\_\_  
Print Name of Recreation Board Chair/Municipal Administrator

\_\_\_\_\_  
Signature Recreation Board Chair/ Municipal Administrator

**FOR OFFICE USE ONLY**

In Consultation with \_\_\_\_\_,

DATE RECEIVED \_\_\_\_\_ AMOUNT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

REASON REJECTED \_\_\_\_\_

NOTIFICATION SENT \_\_\_\_\_ FINAL REPORT RECEIVED DATE \_\_\_\_\_ PAID \_\_\_\_\_

CHEQUE NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_ MAILED DATE \_\_\_\_\_

Signature \_\_\_\_\_

