

**Kindersley Community Initiatives Program Grant
Guidelines & Application Form
Due May 15, 2021-12:00pm**



Town of Kindersley
P.O. Box 1269, 106 5th Ave East
Kindersley, SK S0L 1S0
Phone: 306-463-2675
Contact: Chelsea Omness
Email: Chelsea.c@kindersley.ca

Purpose: The intent of this program is to promote community participation in recreation, culture and sport activities throughout the community. Special consideration is given to applications that encourage the participation of under-represented populations (seniors, economically disadvantaged, persons with disabilities, single parent families, Aboriginal people, women, and/or new Canadians). The Town of Kindersley is annually eligible to receive funding from Saskatchewan Lotteries Community Grant Program. The Town of Kindersley has determined, through community engagement, to make these funds available to local community groups through a designated application procedure. Thirty percent (30%)

Projects Shall:

1. Encourage the development of opportunities in recreation, culture and sport.
2. Encourage awareness of recreation, culture and sport opportunities.
3. Encourage greater participation in recreation, culture and sport activities.
4. Encourage leadership development in recreation, culture and sport activities.
5. Provide opportunities for the development of skills and appreciation at every level of participation.

Eligible Applicants:

Non - profit organizations recognized by the Town of Kindersley as providing recreation, culture and sport within the Town of Kindersley.

Criteria:

1. Must be providing sport, recreation and cultural services within the Town of Kindersley.
2. Must be a non - profit organization and the project must operate on a non - profit basis.
3. The application must be completed legibly and feature all fields completed.
4. The project must not require ongoing financial assistance nor supplement an organizations general operation.
5. Projects must be open to all interested community members.
6. Projects are not to duplicate existing projects.
7. All groups must disclose all sources of funding that they are eligible for and have applied for.
8. Preference will be given to organizations that have **not** received funding through the program before. If a group does not use the funds allocated to them, they may forfeit future funding.
9. Successful applicants must provide a completed final report including receipts to the Town Office within thirty (30) days upon completion of the project. Failure to provide the report will result in the organization becoming ineligible for funding in the following grant cycle. Late follow up reports will result in the Town of Kindersley's funding being forfeited.
10. Equipment purchased through the grant will become property of the Town of Kindersley upon the dissolution of the group. This is to ensure the intent of the program is carried forward in providing community members opportunities to participate in sport, recreation and cultural activities, especially under-represented populations.
11. All funding is subject to the approval of Saskatchewan Lotteries Trust.
12. Successful applicants must publicly acknowledge Saskatchewan Lotteries, the Town of Kindersley, and R.M. of Kindersley through the use of logos whenever possible and additional organization name recognition for approved funding.

Ineligible Expenses:

- Construction, renovation, retrofit and repairs to buildings/facilities.
- Property taxes or insurance
- Alcoholic beverages
- Food or food-related costs
- Membership fees in other lottery funded organizations
- Prizes, cash, gifts, honorariums, trophies, plaques and badges
- Out of province activities and travel
- Donations
- Subsidization of wages for full-time employees
- Uniforms or personal items such as, but not limited to sweatbands and hats.

Application Process:

1. Applications are due May 15th, 2021 @ 12:00pm
2. Applications are reviewed by a designated member of administration to ensure requests meet the grant purpose, criteria and eligible applicant status. Administration will also ensure that proposed project expenses do not fall within the about-listed ineligible expenses.
3. Applications will be reviewed and evaluated by a designated Adjudication Committee representing the funding bodies, recreation and culture sectors. Adjudication takes place in June.
4. Grant period: annually April 1st to March 31st (all expenses must occur within grant period)
5. Follow up reports are to be completed and submitted to the Town of Kindersley within thirty days (30) after the completion of the project. The final due date, without exception, for all follow-up reports is March 31st annually. The release of funds to applicants occurs once the completed Follow-up report is received by the Town of Kindersley.

If you require additional information or have questions regarding your application, please contact Chelsea Omness.

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Keep one copy of this completed application for your records

For Office Use Only

Grant Project # _____ Date Received: _____

Amount Approved: _____ Date of Cheque: _____

Community Group Information

Organization Name: _____

Mailing Address: _____ City: _____

Province _____ Postal Code: _____ Telephone: _____

Main Contact: _____ Email: _____

Alternate Contact: _____ Email: _____

List of Executives: (Name & Email)

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Amount Requested (Maximum \$5,000 per organization) \$ _____

Community Impact

1. Why is this program needed?

2. Has this program been offered before?

Yes

No

3. What is unique about this program?

4. What will the impact be if this project does not receive funding besides community members not having access to this program.

Budget

Income	Amount Proposed
Cash Donations/Fundraising	\$
Program Fees	\$
In kind contributions (non-cash- please list)	\$
1.	\$
2.	\$
Other Grants (please list)	\$
1.	\$
2.	\$
Other Sources (please list)	\$
1.	\$
2.	\$
Total In-Kind Contribution	\$
Total Income (without KCIP funding assistance)	\$

Expenditures: (identify in-kind an *)	Amount Proposed
Program Support/Material Cost	\$
Facilities / Rental	\$
Equipment Purchase	\$
Advertising and Promotion	\$
Other:	\$

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

OTHER FUNDING SOURCES		
Name of Organizations	Amount Requested:	Confirmed:
1.	\$	\$
2.	\$	\$

Total Expenditures	\$
Projected Surplus / (deficit) without KCIP	\$
REQUESTED GRANT AMOUNT	\$

Signature of Main Contact: _____

(I hereby certify that the above information is correct and factual)