

**Kindersley Council Community Grant  
Guidelines & Application Form  
Due April 1-12:00pm & September 30- 12:00pm**



Town of Kindersley  
P.O. Box 1269, 106 5<sup>th</sup> Ave East  
Kindersley, SK S0L 1S0  
Phone: 306-463-2675  
Contact: Melissa Schurman  
Email: melissa.s@kindersley.ca

**Purpose:**

Annually, Kindersley Town Council contributes \$15,000.00 to local organizations through a semi-annual grant to a maximum of \$750.00. This grant is to facilitate projects that develop, expand, and improve important programs and services for the residents of Kindersley and surrounding areas. Funding will be awarded during two distribution periods: April 1<sup>st</sup> and September 30<sup>th</sup> and is subject to annual budget approval by Town Council.

**Projects Shall:**

1. Be conducted within the Town of Kindersley, and resulting goods or services must remain within the municipal boundaries upon completion
2. Benefit or have positive impact on a key sector or demographic within Kindersley, or the community at large.
3. Provide opportunities for the development of skills and appreciation at every level of participation.

**Eligible Applicants:**

Non – profit or community-based group/organizations recognized by the Town of Kindersley municipal boundary.

***Organizations providing sport, recreation, and cultural services within the Town of Kindersley should apply to the Kindersley Community Initiative Program Grant (KCIP) BEFORE applying for this grant. KCIP is funded by Saskatchewan Lotteries.***

**Criteria:**

1. Must be a non - profit organization and the project must operate on a non - profit basis.
2. The application must be completed legibly and feature all fields completed.
3. The project must not require ongoing financial assistance nor supplement an organizations general operation.
4. Projects must be open to all interested community members.
5. Projects are not to duplicate existing projects.
6. All groups must disclose all sources of funding that they are eligible for and have applied for.
7. 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.
8. 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.
9. 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.
10. Successful applicants must publicly acknowledge the Town of Kindersley through the use of logos whenever possible 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 April 1-12:00pm & September 30- 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 Melissa Schurman.

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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 \$750 per organization) \$ \_\_\_\_\_**

**Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_**



4. How will your project encourage leadership development in recreation, culture or sport activities in Kindersley?

5. How will your project provide opportunities for the development of skills and appreciation of recreation, culture or sport at every level of participation?

6. Which under-represented populations will be involved in the project (participations, leadership or planning)? (chosed that apply)

- Aboriginal People
- Seniors
- Economically Disadvantaged
- New Canadians
- Persons with disability
- Single-parent Families
- Women
- Youth at Risk

7. How will your organization contribute to the project?

## **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 Council Grant 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 Community Grant | \$        |
| <b>REQUESTED GRANT AMOUNT</b>                         | <b>\$</b> |

Signature of Main Contact: \_\_\_\_\_

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