



Kindersley Community Initiatives Program Grant Guidelines & Application Form

Due May 1st, 2017 - 12pm

The Town of Kindersley
Community Services, P.O. Box 1269, 106 5th Avenue East
Kindersley, SK S0L 1S0
PH: (306) 463-2675 Fax: (306) 463-4577
Email: culture@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).

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 publically 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.

Assistance Available:

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%) of the funding must be directed at under-represented populations. Non-profit organizations can apply for funds up to \$5,000.00 for their project.

Ineligible Expenses:

- ◆ Construction, renovation, retro-fit 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 sweatbands and hats.

Application Process

1. Applications are due **May 1st, 2017 by 12pm (noon)**
2. Applications are reviewed by a designated member of administration to ensure requests meet the grant **Purpose, Criteria** and **Eligible Applicant** status (non-profit organization in the Town of Kindersley and completed follow-up from previous grant cycles by the due date). Administration will also ensure that proposed project expenses do not fall within the above-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: **April 1st, 2017 to March 31st, 2018** (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, 2018** 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 the *Manager of Culture & Heritage* for the Town of Kindersley.

KCIP 2017-2018 Application Form

❖ Submit completed applications to the Town of Kindersley by:

- Email: culture@kindersley.ca
- Fax: (306) 463-4577
- In Person or Mail: Administration Office
106 5th Ave. E
Kindersley, SK
S0L1S0

❖ Keep one copy of this completed application for your records

ORGANIZATION

Name of Local Organization:	
Main Contact Person:	Phone Number:
Alternate Contact:	Phone Number:
Mailing Address:	
Email Address:	
List of Executives:	Phone Numbers:

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

1. What is the mandate/goal of your organization?

2. What are some of your organizations accomplishments and successful programs over the past 2 years? (please list)

3. Which of the following categories would you consider your organization to fall under (choose all that apply)
- Sport
 - Recreation
 - Culture

PROPOSED PROJECT

1. What is the project that you are applying for? Please provide a project description including what activities will take place, equipment/spaces required, whether hired professionals are required, program start and end dates, participation fee, etc. (Attach extra information if needed)
2. How will your project encourage the development of opportunities and awareness for recreation, culture or sport in Kindersley for community members?
3. How will your project encourage greater participation in recreation, culture or sport activities in Kindersley?

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)? (circle all that apply)

Aboriginal people

**Economically
disadvantaged**

Youth at risk,

Seniors

Women

Persons with a disability

Single-parent families

7. How will your organization contribute to the project?

COMMUNITY NEED

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)	\$
	Amount Proposed
Expenditures: (identify in-kind an *)	
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 Contact Person: _____
 (I Hereby certify that the above information is correct and factual)

For Office Use Only	
Grant Number: _____	Date Received: _____
Date Approved: _____	Application Completed: ___ Y / ___ N
Amount Approved: _____	Unapproved: _____
Follow-up Complete: _____	Date of Cheque _____
Requisition: _____	
CAO approval: _____	

