

**SASK LOTTERIES**

Trust Fund for Sport, Culture and Recreation

## COMMUNITY GRANT PROGRAM FOR SPORT, CULTURE AND RECREATION PROJECT REPORT FORM

|                          |  |                 |    |
|--------------------------|--|-----------------|----|
| Name of Community Group: |  |                 |    |
| Project Number:          |  | Grant Received: | \$ |
| Project Name:            |  |                 |    |
| Project date(s):         |  |                 |    |

**1. Which of the following categories would you consider your project?**

- |                                     |                                   |                                                |                                          |                                             |                                |
|-------------------------------------|-----------------------------------|------------------------------------------------|------------------------------------------|---------------------------------------------|--------------------------------|
| <input type="checkbox"/> Sport      | <input type="checkbox"/> Culture: | <input type="checkbox"/> Cultural celebrations | <input type="checkbox"/> Heritage        | <input type="checkbox"/> Literary           | <input type="checkbox"/> Music |
| <input type="checkbox"/> Recreation |                                   | <input type="checkbox"/> Performing arts       | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Cultural awareness |                                |

**2. Please provide a brief description of the project:**

|  |
|--|
|  |
|--|

**3. Was this program aimed at increasing participation in any under-represented populations within your community?**☐ Yes ☐ NoIf **yes**, then continue to the next question. If **no**, then proceed to question 6.**4. Which of the following under-represented populations were included in your project?**

- |                                                     |                                                 |                                        |
|-----------------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Seniors                    | <input type="checkbox"/> Single parent families | <input type="checkbox"/> Women         |
| <input type="checkbox"/> Economically disadvantaged | <input type="checkbox"/> Indigenous people      | <input type="checkbox"/> New Canadians |
| <input type="checkbox"/> Persons with a disability  | <input type="checkbox"/> Other: _____           |                                        |

**5. How were the above under-represented populations involved in the planning, operations and evaluation of this project?**

|  |
|--|
|  |
|--|

**6. What were the ages of the participants? (indicate as many as applicable)**☐ 0-10 ☐ 11-20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 50+**7. How many people participated in your project?**☐ 0-10 ☐ 11-20 ☐ 21-30 ☐ 31-40 ☐ 41-50 ☐ 50+

|                                                                                                                                                                |                                        |                                     |                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------|
| <b>8. How many volunteers were involved with this project?</b>                                                                                                 |                                        |                                     |                                                                                            |
| <input type="checkbox"/> 0-10                                                                                                                                  | <input type="checkbox"/> 11-20         | <input type="checkbox"/> 21-30      | <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 50+ |
| <b>9. Where did the project take place?</b>                                                                                                                    |                                        |                                     |                                                                                            |
|                                                                                                                                                                |                                        |                                     |                                                                                            |
| <b>10. What would you consider to be the most significant successes of this program?</b>                                                                       |                                        |                                     |                                                                                            |
| <b>Name:</b>                                                                                                                                                   |                                        | <b>Phone:</b>                       |                                                                                            |
|                                                                                                                                                                |                                        |                                     |                                                                                            |
| <p><b>Please note:</b> This information may be used in Sask Lotteries promotional material.<br/>If we require further information, whom should we contact?</p> |                                        |                                     |                                                                                            |
| <b>11. How did you publicly acknowledge Sask Lotteries as the source of funds for the project?</b>                                                             |                                        |                                     |                                                                                            |
| <input type="checkbox"/> Posters                                                                                                                               | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Bulletin Board                                                    |
| <input type="checkbox"/> Banners                                                                                                                               | <input type="checkbox"/> Speeches      | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Social Media                                                      |
| <input type="checkbox"/> Community Radio Station <input type="checkbox"/> Promotions Items (Ex. t-shirts) <input type="checkbox"/> Other: _____                |                                        |                                     |                                                                                            |

## EXPENDITURES

| Description of Expenditures | Amount | Receipts Attached ✓      |
|-----------------------------|--------|--------------------------|
|                             | \$     | <input type="checkbox"/> |
|                             | \$     | <input type="checkbox"/> |
|                             | \$     | <input type="checkbox"/> |
|                             | \$     | <input type="checkbox"/> |
|                             | \$     | <input type="checkbox"/> |
|                             | \$     | <input type="checkbox"/> |
|                             | \$     | <input type="checkbox"/> |
| <b>TOTAL EXPENDITURES</b>   | \$     |                          |

|                             |    |                          |    |
|-----------------------------|----|--------------------------|----|
| <b>Project Grant Amount</b> | \$ | <b>Attached Receipts</b> | \$ |
|-----------------------------|----|--------------------------|----|

I hereby agree that the conditions outlined in the Community Grant Program Guidelines have been met and that this report is a correct and true statement.

\_\_\_\_\_  
Project Coordinator Signature

\_\_\_\_\_  
Date

Page 2 of 2

**If you require any assistance while completing this form, please contact your Sport, Culture and Recreation District or the Community Grant Office at 306.780.9344 (Regina) or 1.888.780.9344 (TF)**

**PLEASE SUBMIT THIS FORM TO YOUR COMMUNITY CONTACT PERSON**