



SASK SPORT

**INDIGENOUS COMMUNITY SPORT DEVELOPMENT
GRANT PROGRAM
APPLICATION FORM**

2025



FUNDED BY



INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

CONTACT INFORMATION

		Date:	
Name of Community/Organization:			
Cheque Payable to: (if different from above)			
Contact Person:		Position	
Address:			Postal Code:
Phone:		Email:	
Alternate Contact:		Position	
Address:			Postal Code:
Phone:		Email:	
Administrative Contact: (Ex. Finance)			
Email:			

LETTER OF SUPPORT (A letter of support must be included with application)

<input type="checkbox"/>	From:		Contact:	
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PROGRAM INFORMATION

Sport Program:		Amount Requested:	
Brief Summary of sport program:			
Start Date:		End Date:	

DESIGNING YOUR SPORT PROGRAM

SUPPORT NEEDED

Is the sport program new or existing? (please check)	
<input type="radio"/> New sport program	<u>OR</u> <input type="radio"/> Existing sport which will be further developed.
Future Goals of your sport: (sustaining sport development)	

What partners have you identified to support the sport program? Inside community / outside community (Provincial Sport Organization, Tribal Council, School Division, Community)

PARTICIPANTS

Please check who the sport program going to support:			
<input type="radio"/> Both males and females	<input type="radio"/> Males	<input type="radio"/> Females	
What age(s) are the participants?		How many participants will be involved?	
How will your program recruit participants? (Please describe below)			

DEVELOPMENTALLY APPROPRIATE SPORT

What do you need to do in order to deliver the program? (Trained coaches, league play, skills camps)

SPORTS TIMELINE

LEAGUES AND COMPETITIONS

Will the sport program be part of a league, if so which one?		
Will the team participate in competitions/league, if so, how many, and where? (Please list)		
Competition/League	Date	Location

FACILITY

Where will the team practice? (Please list below)	Is the facility free?
	<input type="radio"/> Yes <input type="radio"/> No

COACHES

Do you need coaches?	<input type="radio"/> Yes <input type="radio"/> No
Will you require a coaching clinic?	<input type="radio"/> Yes <input type="radio"/> No

OFFICIALS

Do you need officials?	<input type="radio"/> Yes <input type="radio"/> No
Will you require official's clinic?	<input type="radio"/> Yes <input type="radio"/> No

VOLUNTEERS

How many volunteers will you need to help out with the program & how will volunteers be recruited?

DELIVERING YOUR SPORT PROGRAM

SUPPORT NEEDED

In the previous step you were able to identify who can help you with your sport program, please list who will support you to deliver your sport program: (only answer what applies)
Coach -
Manager -
Main Official -
Transportation Driver -
Community Leader (Principal, Councilor) -
Helper/Volunteer -
Helper/Volunteer -
Other -

FUNDING ACKNOWLEDGEMENT

How will you promote this program and publicly acknowledge Sask Lotteries as the source of funding for your program? (please check below)
<input type="checkbox"/> Posters <input type="checkbox"/> Newsletter <input type="checkbox"/> Social Media (Facebook) <input type="checkbox"/> Radio <input type="checkbox"/> Annual Report
<input type="checkbox"/> TV <input type="checkbox"/> Speeches <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other:

BUDGET SUMMARY

Note: This budget summary will be the same used for the follow-up submission.

INCOME	Budgeted Amount	Follow-up Actual
Indigenous Community Sport Development Grant	\$	\$
Fundraising	\$	\$
Other sources (please list)		
1.	\$	\$
2.	\$	\$
TOTAL INCOME	\$	\$
EXPENDITURES: (identify in-kind expenditures with an asterisk*)	Amount	Follow-up Actual
Facilities (gym/arena usage)	\$	\$
Equipment Costs: Please list main items needed:		
a)	\$	\$
b)	\$	\$
c)	\$	\$
Travel costs (fuel costs, rentals, charter service)	\$	\$
Athlete Training / Development Cost	\$	\$
Food/Nutrition: (max 10% of grant)	\$	\$
Registration Fees	\$	\$
Other direct related expenditures (please list)		
1.	\$	\$
2.	\$	\$
TOTAL EXPENDITURES	\$	\$
Surplus/deficit without Indigenous Community Sport Grant funding	\$	\$
Requested Grant Amount	\$	\$

INFORMATION CERTIFICATION

I hereby certify that the information contained in this application is accurate and complete. Which include a completed application form, a letter of support from the community and a completed budget summary in detail.

Authorized Signature of Community Applicant

Position

CHECKLIST

- Completed Application Form**
- ONE letter of support from community leaders**
(Ex. school administrator, town administrator, minor sport organization president, recreation board chair, or community elected official (Chief or Mayor))
- Completed budget summary in application in detail.**

PLEASE SEND COMPLETED APPLICATION TO:

Indigenous Community Sport Development Grant Program

Ryan Karakochuk
Program Manager
Northern Sport Culture & Recreation District
Box 580
306-688-2122 office or 306-688-2123 fax
rkarakochuk@nscrd.com

