

**LOCAL COMMUNITY GROUP
FUNDING REQUEST FOR
SASKATCHEWAN LOTTERIES COMMUNITY GRANT FUNDS**

Name of Community Group: _____

Contact Name: _____

Phone: _____

Project Description:

Project Start Date: _____

Proposed Revenues:

Dollar Amount:

_____ \$ _____

_____ \$ _____

Proposed Expenditures:

Dollar Amount:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL PROJECT ESTIMATED COSTS:

\$ _____

GRANT AMOUNT REQUESTED:

\$ _____

Signature of Contact Person _____

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Please return the completed form to the community contact person of the Town, Village, R.M. or Band Office you are applying through (do not return to the Community Grant Office).

*Please remember to publicly acknowledge Saskatchewan
Lotteries as a source of funds for your project.*