



Prairie Central District "Relief FUNd"
APPLICATION FORM

PROGRAM NAME: _____

DATE(S): _____ **LOCATION:** _____

CONTACT INFORMATION:

Contact Person: _____

Name of Organization: _____

Mailing Address: _____ **Town/City:** _____ **SK** **Postal Code:** _____

Phone: _____ **Email:** _____

Alternate Contact: _____ **Phone:** _____

FOCUS AREA: (Check All That Apply) **Sport** **Culture** **Recreation**

TARGET GROUP: Total Projected Number of Participants (Check all that apply):

- | | | | |
|--|-------|---|-------|
| <input type="checkbox"/> Children | _____ | <input type="checkbox"/> Newcomers to Canada | _____ |
| <input type="checkbox"/> Youth | _____ | <input type="checkbox"/> First Nation/Metis | _____ |
| <input type="checkbox"/> Adults | _____ | <input type="checkbox"/> Seniors | _____ |

PROGRAM DESCRIPTION: *Give a brief description by answering the following: Who? What? When? Where?*

Include modifications you will implement to comply with SHA Health and Safety during the pandemic.

DESIRED PROGRAM OUTCOMES: *What will change as a result of your program? i.e. participants will develop skills and knowledge in physical fitness which will help keep them motivated to be more active for health benefits.*

HOW DID YOU HEAR ABOUT THE Relief FUNd?

Website E-News Social Media Community Consultant Other: _____

PROMOTIONAL PLANS: *How will you promote the project? How will you acknowledge the Prairie Central District and Sask. Lotteries?* _____

PROPOSED BUDGET: *(list all project expenses and revenues)*

Expense	Amount	Revenue	Amount
	\$	Requested from Prairie Central District	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
EXPENSE TOTAL		REVENUE TOTAL	

Budget Narrative (Budget explanation if needed):

Other Programs and Services offered by the Prairie Central District for Sport, Culture and Recreation

As part of the Relief FUNd application process, the District is gathering information to gauge your community or organization's interest in other programs and services. The level of interest can include either direct access or requesting further information.

I am / We are interested in further engagement with your community - (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> HIGH FIVE® Workshop |
| <input type="checkbox"/> Annual General Meeting | <input type="checkbox"/> Fundamental Movement Skills Workshops |
| <input type="checkbox"/> Community Engagement & Development Program | <input type="checkbox"/> KidSport™ |
| <input type="checkbox"/> Community Visits | <input type="checkbox"/> Creative Kids |
| <input type="checkbox"/> E-News (*provide email address to sign up) _____ | <input type="checkbox"/> Culture Days |
| <input type="checkbox"/> Recreation Board Development Workshop | <input type="checkbox"/> District Cultural Gathering |
| <input type="checkbox"/> Recreation Practitioners Event | <input type="checkbox"/> National Coaching Certification Program |
| <input type="checkbox"/> Volunteer Recognition Program | <input type="checkbox"/> Indigenous Coaches and Officials Program |
| <input type="checkbox"/> Volunteer Engagement Workshop | <input type="checkbox"/> Indigenous Comm. Sport Dev. Grant Program |
| <input type="checkbox"/> Grant Writing Workshop | <input type="checkbox"/> Saskatchewan Games |
| <input type="checkbox"/> SPRA Play Leadership Program | <input type="checkbox"/> Sport Medicine & Science Workshops |
| <input type="checkbox"/> Take the Lead Program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diversity/Inclusion Event | <input type="checkbox"/> Other: _____ |

Please provide a name, phone number and/or email address and appropriate staff will contact you.

Name _____ Ph #: _____ Email: _____

PRINT CONTACT NAME

PRINT RECREATION AUTHORITY & TITLE

CONTACT SIGNATURE

RECREATION AUTHORITY SIGNATURE

COMMUNITY NAME

Prairie Central District for Sport, Culture and Recreation
 P.O. Box 370 Southey SK S0G 4P0
 Phone: 726-2087: Fax: 726-2052 Email: bev.pcdscr@sasktel.net

