

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

Name of Community Group:	
Contact Name:	Phone:
Project Description:	
Project Start Date:	
Proposed Expenditures:	Dollar Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL PROJECT ESTIMATED COSTS:	\$ _____
GRANT AMOUNT REQUESTED:	\$ _____
Signature _____	
	Contact Person

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.**
