

**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 _____

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.*
