

**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.*

---