

CONTACT PERSON'S INFORMATION

Contact Person's Name: _____

Mailing Address: _____

City/Town: _____ Postal Code: _____

Position in Organization: _____

Phone Number: _____ Alternate Phone #: _____

Email Address: _____

PROJECT INFORMATION

Project Location: _____

(Activities must take place in south Saskatchewan.)

Project Start Date: _____ Project End Date: _____

(Project are typically completed within 12 months of start date)

Requested Grant Amount: \$ _____ *(Requested grant amounts will have a minimum value of \$5000)*

Total Special Initiative/Project Budget: \$ _____

Grant Category:

- Arts & Culture Education Environment Health Homelessness
Indigenous programming Poverty Youth Other: _____

Special Initiative/Project Description or Purpose of Grant

Complete the following sentence *(maximum 50 words)*: "This project is to...";

Intended Outcomes of Special Initiative/Project Grant *(maximum 100 words)*:

PROJECT INFORMATION continued...

How will you know if your special initiative/project is successful? (*maximum 50 words*):

Recognition Opportunities:

Use the **Grant Budget Form** to identify any sources and amounts of confirmed special initiative/project funding. The form can be found on our website at www.sscf.ca. You must complete the **Proposed Project Budget section** of the form and submit it along with your grant application.

RELEASE OF INFORMATION

SSCF is required to report on the grants it disburses. The name of each grant recipient and, if applicable, its partner for registered charity purposes; community; project description; and amount of the grant are made known publicly. It is mandatory for the applicant to check beside the statement below in order for SSCF to process the application.

I authorize the SSCF to publicly release the organization's name, community, project description and amount of the approved grant.

The SSCF frequently communicates information regarding the agency's programs and activities. In compliance with the Canadian Anti-Spam Legislation in effect July 1st, 2014, the SSCF would like you to confirm that you are interested in receiving this information. Please check beside the statement below to authorize the SSCF to include your organization in its communications. If the statement is not checked, your contact information will not be included.

I authorize the SSCF to use my organization's name, email address and mailing address to provide it with information distributed by the agency.

DECLARATION

I, the undersigned:

- Accept the conditions of this program and declare:
 - I have read and understand the guidelines and criteria for this program
 - The applicant is in compliance with the program's eligibility requirements.
- Understand:
 - Officials from the SSCF:
 - May request additional information beyond that included in this application.
 - Will, at their discretion, confer with representatives of funders that may provide financial support to the applicant on any matter of mutual interest regarding the applicant.
 - Will rely on third-party review and assessment as part of its due diligence.
 - If eligible, may consider the application for funding from other SSCF grant programs.

This application may not be funded for the full amount requested.

If this application is successful, funds will be released as per the guidelines.

By means of this declaration, the organization agrees to spend any funds received only for the purposes described and approved; and to comply with all reporting requirements. Any unused portion of the grant must be returned to SSCF.

If there is a partnership with a registered charity for eligibility purposes, in addition to a formal agreement, that partner must also complete and sign this declaration form.

Signature

Name of Contact Person

Position in Organization

Date

Name of Partner Organization (*if applicable*)

Name of Partner Organization's Representative

Signature of Partner Organization's Representative

Representative's Position in Partner Organization