Donations and Grants Application Form

Submission Deadlines

Deadline for the donation and grant intake dates: by March 15, July 15, and November 15.
Submit completed applications to: Town of Rosthern
Attention: Recreation Manager
Email: recmanager@rosthern.com
OR
Mail: Box 416, Rosthern, SK S0K 3R0
For assistance with completing your application, please contact the Town Office at (306) 232-4826.

Your organization's application and supporting documentation will be reviewed by noted on the Council meeting agenda. No personal information will be viewed by the public. The personal information collected on this form is for the purpose of determining eligibility for the applicant to receive support for an event or activity. This information is collected according to Local Authority Freedom of Information and Protection of Privacy Act and will not be used inappropriately in any other fashion.

Late or incomplete applications will NOT be considered.

NAME OF ORGANIZATION:		
EVENT/PROJECT NAME:		
AMOUNT REQUESTED: $ *(Max of $500)*		
FOR OFFICE USE ONLY		
Date Received:	Time:	Received By:
Reviewed By:		

Council Strategic Plan Values: application must identify which goal applies to your project (please check all that apply)

- ☐ Provide leadership to the community through delivery of positive programs.
- ☐ Build a respectful and inclusive community.
- ☐ Enhance community togetherness to foster community approachability.
- ☐ Construct a connected community with open communications.
- ☐ Expand relationships with local municipalities and First Nations neighbors.
- ☐ Ensure that the Town remains a sustainable and vibrant municipality through innovation.
- ☐ Reduce the Town's impact on the environment by ensuring environmental stewardship.
- ☐ Foster a safe community.

Please explain how your event or project will achieve any of the goals identified above:
_____
_____
_____
_____
_____

Part A – Applicant Information

Name of Organization:	
Name of President/Chair:	
Mailing Address of Organization:	
Contact Person for Application:	Position (if applicable):
Telephone No.	Email:
Number of Local Participants:	

Part B – Event/Project Plan

Name of Event/Project:	
Date of Event/Project:	Anticipated Number of Participants:
Target Population:	☐ Children/Youth ☐ Adults ☐ Seniors ☐ Families ☐ Other

Funding Category (please refer to Sections 9 & 11)

Application Intake:

- ☐ March 15
- ☐ July 15
- ☐ November 15

Please identify the funding Category:	Please identify the Donation type:
☐ Community Development OR ☐ Recreation/Sport Development	☐ Cash OR ☐ Promotional

Is this the first time the organization has requested funding for this event/project?

Goals

Please describe what you would like to achieve overall with this event/project. If more space is required, please attach documentation to this application.

_____

_____

_____

_____

Financials

Please describe your organization's current financial situation and how your organization plans to be sustainable after funding?

_____

_____

_____

_____

Marketing of your event/project

Please media and/or publication tools will you be using to promote the event/project? Please list all.

_____

Community Impact

Please describe how your event/project significantly impacts the Town. If more space is required, please attach documentation to this application.

_____

_____

Community Partnerships

Please list community partnerships for this event/project and their role. If more space is required, please attach documentation to this application.

_____

_____

Note: The Town does not waive rental, licencing, permitting, or any other application fees.

Application Checklist: application must include (please applicable boxes)

- ☐ A completed and signed original application form (Parts A and B)
- ☐ Additional materials to support your application have been submitted (if any)
- ☐ Application meets the criteria of the policy

Please initial your agreement to the terms of the Council Donations and Grants Policy.

_____ I understand that the application and supporting documentation may be a part of public information provided to Council.

_____ I understand that if funding is awarded and the event/project does not proceed, the organization must return the funds to the Town of Rosthern.

Declaration

I certify to the best of my knowledge the information provided in this application is accurate and complete.

Applicant Signature: _____ Date: _____