

AWARDS, GRANTS & BURSARIES BRANCH PROJECT FUND APPLICATION FORM

Please first **carefully review** the Branch Project Fund to ensure that you are applying for the right grant and can meet all of the required criteria.

Please make sure that your application includes:

1. the completed Questionnaire;
2. the Applicant Declaration and/or Branch Endorsement if you are **not** a Member of Inclusion Saskatchewan or a local Branch of Inclusion Saskatchewan; and
3. a Detailed Budget.

Please complete each part of this application in full in order to be considered; feel free to contact Inclusion Saskatchewan for assistance. You may type directly on this document. Please email to Connie Andersen, Director of Community Development, at conniea@inclusion.sk.com or mail to:

Inclusion Saskatchewan
Awards, Grants & Bursaries Committee Chair
3031 Louise Street
Saskatoon, SK S7J 3L1
Attention: Connie Andersen

Revised January 2019

QUESTIONNAIRE

1. Today's Date: _____
2. Project Name _____
3. What is the project's timeline (when will it start and end)?
4. What is the amount of funding you require? _____
5. Cheque to be issued to: _____
6. What is your contact information? *(please print)*
Name: _____
Organization /
Branch Name: _____
Address: _____
Phone Number(s): _____
Email: _____
7. How will your project promote the Mission & Vision of Inclusion Saskatchewan?

8. Include a description of your project including what you hope to achieve.
9. Describe your participants (e.g., number of people with and without disability, age groups, indigenous and new Canadians, etc.).
10. Include a detailed plan that states what the results will be.

DECLARATION BY APPLICANT

I declare that the information contained in this application and supporting documents are complete, true and accurate and understand that if this is not so I will not be considered for approval for this grant.

Name of
Applicant (*print*): _____

Signature of
Applicant: _____

Date: _____

I am a Member of _____
Inclusion Saskatchewan Branch Name

PLEASE NOTE:

If you are **not a Member** of Inclusion Saskatchewan, you must have your application endorsed by a Branch of Inclusion Saskatchewan.

BRANCH ENDORSEMENT

Name of Branch: _____

Name of Branch
President (*print*): _____

Signature of
Branch President: _____

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DETAILED BUDGET

Please provide a **detailed** budget, indicating:

1. all known revenue sources;
2. a complete list of eligible expenses, by category; and
3. the net income or shortfall: *Total Revenues - Total Expenses = Net Income (Shortfall)*

Please be as specific as possible when estimating expenses (show your math).

Revenues

Notes

Donations (monetary):	\$
Donations (gifts-in-kind):	\$
Personal / Branch Contributions:	\$
Other Grants / Funding:	\$
Other Revenues (please specify):	\$
TOTAL Revenues:	\$

Expenses (Submit copies of all receipts with grant report)

Notes (e.g., 20 meals @ \$11 each)

Administration	\$
Program Equipment	
Program Supplies:	\$
Equipment Purchases:	\$
Equipment Rentals:	\$
Insurance Fees:	\$
Venue Rental:	\$
Participant Transportation	
Vehicle:	\$
Meals:	\$
Accommodation:	\$
Program Staff Wages /	\$
Honourariums:	
Other Expenses (please specify):	\$
TOTAL Expenses:	\$
NET INCOME (Shortfall):	-\$

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ADMINISTRATION *(to be completed by the INSK Awards, Grants & Bursaries Committee)*

Amount Requested: _____

Date Received: _____

INSK AGB Committee Recommendation(s):

INSK Board of Directors' Motion to accept the INSK AGB Committee recommendation:

Amount Funded: _____

Name of Funding Recipient: _____

Address: _____

Cheque Number: _____

Cheque Date: _____

Date Sent: _____