

AWARDS, GRANTS & BURSARIES

INCLUSION INITIATIVE APPLICATION FORM

Please first **carefully review** the Inclusion Initiative 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. Event Name: _____
3. When and where will the event be held?
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 event promote the Mission & Vision of Inclusion Saskatchewan during October 2019, Inclusion Month?

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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

DETAILED BUDGET

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

1. all known revenue sources;
2. a complete list of 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):	\$
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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):	\$
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TOTAL Expenses:	\$
NET INCOME (Shortfall):	-\$

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

Amount Requested: _____

Date Received: _____

IN SK AGB Committee Recommendation(s):

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

Amount Funded: _____

Name of Funding Recipient: _____

Address: _____

Cheque Number: _____

Cheque Date: _____

Date Sent: _____

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