

AWARDS, GRANTS & BURSARIES TRAINING & SUPPORT APPLICATION FORM

Please first **carefully review** the Training & Support 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
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@inclusionsk.com or mail to:

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

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QUESTIONNAIRE

1. Today's Date: _____
2. What is the amount of funding you require? _____
3. Have you received funding in the past? If yes, for how much, for which Grant(s), and in what year(s)?
4. What is your contact information? *(please print)*
Name: _____
Address: _____
Phone Number(s): _____
Email: _____
5. What is the name of the conference, workshop, seminar, training event, etc.?
6. When will the conference, workshop, seminar, training event, etc. take place?
7. What is the reason for attending and how will this knowledge enhance and support the Mission & Vision of Inclusion Saskatchewan?

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8. How much funding is needed to supplement your costs? _____

9. Please include a brochure and/or webpage outlining the course description, fees, dates, etc. with your application form.

10. Please include confirmation that you will:

- a. provide a written summary, or
- b. make a personal presentation

within 60 days of attending the event to the Inclusion Saskatchewan Board of Directors, showcasing the information gained and its benefit to individuals with intellectual disabilities. All expense receipts will accompany the written summary or personal presentation.

11. Please include a detailed budget (*complete the budget form*).

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., \$15 lunch, \$20 supper)*

Attendance Fees:	\$
Transportation	
Vehicle:	\$
Meals:	\$
Accommodation:	\$
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: _____

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: _____

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