

SACL AWARDS, GRANTS & BURSARIES APPLICATION FORM – GENERAL FUNDING

Please first **carefully review** the specific Award, Grant or Bursary that you are applying for to ensure that you are applying for the right one 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 the SACL; and
3. a Detailed Budget.

Please complete each part of this application in full in order to be considered; feel free to contact the SACL for assistance. You may type directly on this document. Please email to Kim Hague, Assistant Executive Director at kim.hague@sacl.org or mail to:

The Saskatchewan Association for Community Living
Awards, Grants & Bursaries Committee Chair
3031 Louise Street
Saskatoon, SK S7J 3L1
Attention: Kim Hague

QUESTIONNAIRE

1. Today's Date: _____
2. Which specific award, grant or bursary are you applying for?
3. What is the amount of funding you require? _____
4. What is your contact information? *(please print)*
Name: _____
Branch Name: _____
Address: _____
Phone Number(s): _____
Email: _____
5. How will your project promote the Mission & Vision of the SACL?
6. Include a description of your project including what you hope to achieve.

7. Include a detailed plan that states what the results will be.

8. How will you judge that your goals have been met for this project?

9. How will you continue with this project in the future?

10.How can this project be used, transferred and be a benefit to other communities?

11. Please include a detailed budget *(complete the budget form on page 4)*.

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 or bursary.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

I am a member of _____
SACL Branch Name

PLEASE NOTE:

If you are **not a member** of the SACL, you must have your application endorsed by a Branch of the SACL.

BRANCH ENDORSEMENT

Name of Branch: _____

Official Representative of Branch: _____

Signature of Authorized Representative: _____

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 (deficit)

Total Revenues - Total Expenses = Net Income (Shortfall)

Revenues

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

Expenses *(Please submit copies of all receipts)*

Administration	
Office Supplies:	\$
Phone Charges:	\$
Dues & Membership Fees:	\$
Equipment	
Equipment Purchases:	\$
Equipment Rentals:	\$
Insurance Fees:	\$
Rents:	\$
Transportation	
Vehicle:	\$
Meals:	\$
Accommodation:	\$
Wages / Honourariums:	\$
Other Expenses (please specify):	\$
TOTAL Expenses:	\$

NET INCOME (Shortfall): -\$

(Total Revenues - Total Expenses)

Inclusion ... endless possibilities

Revised January 2017

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

Amount Requested: _____**Date Received:** _____**SACL AGB Committee Recommendation(s):****SACL Board of Directors' Motion to accept the SACL AGB Committee recommendation:****Amount Funded:** _____**Name of Funding Recipient:** _____**Address:** _____

Cheque Number: _____**Cheque Date:** _____**Date Sent:** _____