APPLICATION FORM

CONTACT INFORMATION						
Organization Name:						
Non-profit Corporation Number:						
Contact Person:				Position:		
Address:						
City:				Postal Co	de:	
Phone:				Cellular:		
Email:						
APPLICATION INFORMATION						
Requested grant amount:		t:	\$			
	purpose of the					
How many individuals are expected to benefit from the grant?						
How will the	grant be red	cognized	by your organization?			

List the year(s) of any previous grants received from this Foundation:				
If applying for other funding, please specify:				

PROJECT BUDGET			
Revenue:			
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL REVENUE:	\$		
Expenses:			
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL EXPENSES:	\$		

REQUIRED DOCUMENTS						
	Photocopy of the most recent Corporations Branch Corporate Registry Profile Report (all registered non-profit organizations receive this report annually from Sask. Justice)					
	Comprehensive plan of the project					
	Organization's comprehensive budget indicating all funding sources					
	Most recent audited financial statement or a financial statement signed by two directors					
	Developmental plan of two years minimum					
	List of Board of Director's names, addresses, telephone, fax, email					
	List of staff names, addresses, telephone, fax, email					
DECLARATION						
On behalf of our organization, I hereby agree that the terms and conditions outlined in the 1989 Jeux Canada Games Foundation Inc. Guidelines have been adhered to and that the information presented in this application is correct and true.						
Signat	cure Date					

RETURN THE APPLICATION FROM BY NOVEMBER 30 TO:

1989 Jeux Canada Games Foundation Inc. Email: 1989canadagames@gmail.com

If you have any questions contact:

Heather Kuttai

Phone: (306) 230-2143

Email: 1989canadagames@gmail.com

 $\underline{sasksport.ca/funding\text{-}recognition/other\text{-}funding\text{-}sources/1989\text{-}jeux\text{-}canada\text{-}games\text{-}foundation\text{-}inc}}$