

**LOCAL COMMUNITY GROUP  
FUNDING REQUEST FOR  
SASKATCHEWAN LOTTERIES  
COMMUNITY GRANT FUNDS**

Name of Community Group:

Contact Name:

Phone:

Email:

Project Description:

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Project Start Date:

Proposed Expenditures:

Dollar Amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL PROJECT ESTIMATED COSTS:** \$ \_\_\_\_\_

**GRANT AMOUNT REQUESTED:** \$ \_\_\_\_\_

Signature \_\_\_\_\_

**Contact Person**

**Please return the completed form to the Town Office Thursday, June 28, 2018.**

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**Please remember to publicly acknowledge Saskatchewan  
Lotteries as a source of funds for your project.**