

## AWARDS, GRANTS & BURSARIES INCLUSION INITIATIVE APPLICATION FORM

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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 Branch Endorsement; 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](mailto:conniea@inclusionsk.com) or mail to:

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

*Revised January 2021*

## QUESTIONNAIRE

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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 2021, Inclusion Month?

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8. Include a description of your event including what you hope to achieve.

9. Describe your participants (e.g., number of people with and without disability, age groups, indigenous and new Canadians, etc.).

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

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11. How will you judge that your goals have been met for this event?

12. How will you continue with this event in the future?

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

## DECLARATION BY APPLICANT

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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*

## BRANCH ENDORSEMENT

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Name of Branch: \_\_\_\_\_

Name of Branch  
President (*print*): \_\_\_\_\_

Signature of  
Branch President: \_\_\_\_\_

*Applications that are not endorsed by the President of an Inclusion Saskatchewan Branch will not be considered for funding.*

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## DETAILED BUDGET

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

1. all expected 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).

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### Revenues

### Notes

Donations (monetary):

Donations (gifts-in-kind):

Personal / Branch Contributions:

Other Grants / Funding:

Other Revenues (please specify): \_\_\_\_\_

**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): \_\_\_\_\_

**TOTAL Expenses:**

**NET INCOME (Shortfall):**

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

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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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