



510 Cynthia Street  
Saskatoon, SK S7L 7K7  
Phone: (306) 975-0800  
Fax: (306) 242-8007

### Funding Application and Spending Plan

<b>Grant Information</b>	
Paddling Organization Name:	
Contact Person:	
Address:	
City/Town:	Postal Code:
Phone Number:	Email:
Area of focus as it relates to LTAD:	
What/How does this pertain to one of CKS' <a href="#">strategic</a> objectives?	
Is the applicant an active CKS member?	
Is there another member, group or organization in support of this project? Y N If yes, please list contact information.	
Project Objective:	
Summary of the program that will benefit from funding:	





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Please provide any additional information regarding your project that you feel may enhance your application; has this program previously received funding; results and changes to program, if applicable; target demographic and potential benefits received; project activities and timeline; expected results; who will be running the project; how will CKS be recognized:

<b>Project Budget:</b>	
Funding Requested:	\$
Revenue:	\$
Self- Help	\$
	\$
	\$
Total Revenue	\$
<b>Expenses:</b>	
	\$
	\$
	\$
	\$
Total Expenses: Receipts will be required for verification at time of Follow-Up	\$

I hereby certify the above information is correct and factual.

X

Applicant Signature

Date Received:	Grant Amount:
Date Reviewed:	Amount paid in advance:
Accepted/Denied:	Follow Up due:





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