Saskatchewan Veterans Service Club Support Program *Application Form*

	Date of Application:		
Applicant Organization Name:			
5	Unit (If Applicable) #: Non Profit Corp #:		
Name of Contact Person:			
Address:			
	Phone Number:		
* A void cheque or direct deposit slip with your or expedite payment*	rganization's banking information is requested, along with your application, to		
Part 1: Operations Support			
Complete this section to apply for Operations Suppo If you are not applying for Operations Support, please			
Proposal Type - Operations Support: Amount	t of Request: \$ (Max \$2,500)		
Statement of Need (Describe why your club requires	s the funding e.g. increased costs or decreased revenue):		
Operating Expenses: Please list your anticipated operational expenses for their own budget for more detail.	the year. Note the program will only support eligible expenses. Applicants can attach		
Expenses	Amount \$		
Total Operating Expenses			

Note: facility improvement projects take priority over operations support when funding is limited.

Part 2: Project Support

Complete this section to apply for Project Support, up to \$30,000 annual amount. Note: \$30,000 is the maximum annual amount per club for project and operations support combined. If you are not applying for Project Support, please proceed to "Application Declaration and Consent".

Proposal Type (Choose One): Facility Improvement Special Event Program or Other Activity

For a facility improvement proposal, indicate whether your club rents or owns the facility (Choose One): Rent Project Summary (Describe your proposal in one sentence):

Project Total Expense: Amount of Request: \$ (Max \$30,000)

Start Date: End Date:

Location(s) of Project Activities (communities, facilities):

Project Description:

- Provide a brief summary of the project. Address what you will do, how and when you will do it.
 Who will be involved, and what will you accomplish?
- How will it benefit the long term sustainability of your veteran service club?
- List any significant partnerships and describe the nature of the partnership.

Community Involvement and Impact: (Answer All Questions)

- Who will this project reach and benefit?
- Describe the issue, challenge, or opportunity that your project is designed to address.
- If you have identified a specific audience, please indicate how you plan to reach that audience?
- In the event your grant application is not approved, how would your project and timelines be impacted?

Expected Results:

• Describe the expected outcomes, benefits or results that your club will gain from your project.

Revenues	Amount \$	Expenses	Amount
Total Revenue _		Total Expenses	
Applicant Declaration and Consent:			
I/we hereby agree to the following terms:			
 ✓ Projects must be completed by March 31 of the pro ✓ Recipients may be required to acknowledge the Go 	ogram year unless overnment of Sas	s otherwise indicated. katchewan fundina sunnort for their project	
		ort within 45 days of the completion of the project. This re	port must
describe the activities of the project and indicate h			'
✓ If an applicant receives more than one grant for Pr projects by the later deadline.	oject Support in a	r program year, a single follow-up report may be submitte	ed for all
✓ A follow-up report is not required for the Operation	ns Support amou	nt	
		ds of the activities in respect of which funding is paid from	the Program.
Receipts to support eligible expenses must be retail	ned and may be r	equested.	3
✓ Expenses claimed must be to support an eligible and a support an eligible and a support and a support and a support an eligible and a support a s			
✓ Significant changes to the use of funds must be ap ✓ Funds may not be transferred to other activities or			

✓ Failure to meet the above funding obligations to the satisfaction of RCLSC will be grounds to restrict access to future funding and or to require the return the funds.

Yes No I have provided a void cheque or direct deposit slip with my organization's banking information and hereby authorize RCLSC to use this information for the purpose of payment(s) under this program, subject to the disclaimer.*

Disclaimer: Providing a void cheque or direct deposit slip with your organization's banking information will help expedite payment, should your application be successful. This information will be kept confidential by RCLSC and will only be used for the purpose of executing payment to your organization. The information will not be shared with any other party, unless required by law. Unless otherwise arranged between your organization and RCLSC, any record of your banking information, void cheque or direct deposit slip will be securely destroyed or expunged, by March 31 of the program year, in the event that your application is not approved for funding. Providing this information is not a requirement of the application and choosing not to include it will not impact the adjudication of your application. Please contact RCLSC with any questions or if you wish to discuss an alternative payment method.

Date (dd-mmm-yyyy)	Signature of Applicant

Deadline

Applications will be accepted until midnight of any intake deadline date.

Questions:

General inquiries regarding the Saskatchewan Veterans Service Club Support Program may be directed to the Royal Canadian Legion Saskatchewan Command: (306)-525-8739; admin@sasklegion.ca.

Submission Guideline:

Applicants must submit their application and attachments through email to: admin@sasklegion.ca All documents are required to be in a PDF or MS word format.

