



**TOWN OF SHELLBROOK
APPLICATION FORM
SASKATCHEWAN LOTTERIES COMMUNITY GRANT FUNDS**

Name of Community Group:

Contact Name:

Phone:

Project Description:

Project Start Date:

Proposed Revenues:

Dollar Amount:

\$ _____

\$ _____

Proposed Expenditures:

Dollar Amount:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL PROJECT ESTIMATED COSTS:

\$ _____

GRANT AMOUNT REQUESTED:

\$ _____

Signature of Contact Person _____

Return the completed application by **March 15th:**

Town of Shellbrook
71 Main Street, Shellbrook, SK
recdirector@townofshellbrook.ca

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

