



**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.

