

**TOWN OF KAMSACK LOCAL COMMUNITY GROUP
FUNDING REQUEST FOR
SASKATCHEWAN LOTTERIES
COMMUNITY GRANT FUNDS**

Name of Community Group:	
Contact Name:	Phone:
Project Description: <hr/> <hr/> <hr/> <hr/>	
Project Start Date:	
Proposed Expenditures:	Dollar Amount: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
TOTAL PROJECT ESTIMATED COSTS:	\$ _____
GRANT AMOUNT REQUESTED:	\$ _____
Signature _____ <p style="text-align: center;">Contact Person</p>	

Please return the completed form to the Town of Kamsack Recreation Director
(Do not return to the Community Grant Office).

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