



# Painted Hand Community Development Corporation

Suite 2 – 21 Bradbrooke Ave., North, Yorkton, Sask. S3N 3R1

Ph: (306) 782-1525 Fax: (306) 782-1523

## APPLICATION FORM

### 1. APPLICANT INFORMATION

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Non-profit number if applicable: \_\_\_\_\_

### 2. PROJECT OVERVIEW

Project name: \_\_\_\_\_

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Provide a brief description of your program, project or community event and its purpose:

Amount requested from the Painted Hand CDC (Maximum to apply is \$20,000.00 any amount in excess may require a presentation to the Board of Directors during the allocation meeting)

\$ \_\_\_\_\_ .00

The 2002 Framework Agreement permits the distribution of funds in the following ten (10) areas. Please check the appropriate box which best aligns with your organization's proposed project, program or community event.

Economic Development

Senior and Youth Programs

Social Development:

Cultural Development

Justice Initiatives

Community Infrastructure Development & Maintenance

Education Development

Health Initiatives

Recreational Facilities Operations and Development

Other Charitable Purposes



Mail in original application form to: Painted Hand CDC, Suite 2 – 21 Bradbrooke Ave., North, Yorkton, Sk. S3N 3R1  
Postmark before or on the Application deadline date.

Indicate how your proposed program, project or community event will provide services and benefits to these individuals or communities.

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Identified your target group, (ie. Youth, seniors, at-risk youth and families, etc.)

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Are any similar or existing programs and services available to your community?

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Have you partnered with another community-based organization, First Nation or other legal entity for your program, project or community event?      Yes      No

If yes, please provide the following information:

Partner: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Have you received funding from Painted Hand CDC in the past?      Yes      No

If yes, please provide the program, project or event title and date.

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Has your follow-up report been completed and approved by the Board of Director?      Yes      No

Provide any additional information or comments that you feel would be beneficial in support of your application for grant funding from the Painted Hand CDC.

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Please specify payee information in the event your organization is approved for grant funding. Cheques cannot be made payable to an individual. Payee: \_\_\_\_\_

How would your organization acknowledge the Painted Hand CDC contribution if approved for funding?



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### 3. REVENUE

**Please disclose all sources of revenue that have been secured to date, or will likely be secured, for your program, project or community event. Please attach copies of any commitment letters or other relevant correspondence or documentation.**

Community and/or internal sources	\$	Other fund raising: (i.e. canteen, charity auction, social events, etc.)	\$
Partnership contribution	\$	SIGA head office	\$
Federal Government	\$	Painted Hand Casino	\$
Provincial Government	\$	Other sponsorships and donations:	\$
Municipal Government	\$	Loans or mortgages:	\$
Community Initiatives Fund (CIF)	\$	Other sources (please specify):	\$
Charitable gaming revenue (ie.: bingo, raffles etc.)	\$	Other sources (please specify):	\$
<b>TOTAL CONFIRMED REVENUE (Line 1)</b>			<b>\$</b>

### 4. EXPENSES

**Please disclose all projected expenditures for your program, project or community event. Use additional paper if necessary. IMPORTANT**  **Provide a summary of quotes, estimates, including copies of proposed contracts for service etc.**

Independent Contractor Fees or Salaries (*specialty trades that are essential to project or program*)	\$
Honorariums	\$
Building Materials:	\$
Supplies and Other Program Materials:	\$
Rent (portion related to project or program only)	\$
Utilities (portion related to project or program only)	\$
Minor Equipment less than \$1,000.00 (portion related to project or program only)	\$
Major Equipment more than \$1,000.00 (portion related to project or program only)	\$
Other (please specify):	\$
Other (please specify):	\$
<b>TOTAL PROJECTED EXPENSES</b>	<b>\$ (Line 2)</b>
Shortfall Revenue (Line 1 minus Line 2)	<b>\$ (Line 3)</b>
<b>Total Amount Requested (All or part of Line 3)</b>	<b>\$</b>

**In kind contributions:** Please indicate contributions, other than financial, to your project and include approximate value. (Include donation of supplies, professional services).

	\$
	\$
<b>Total in-kind contributions:</b>	<b>\$</b>

List of attachments \*\* Please list any attachments to this application, i.e., detailed budget, agreements, letters of support, blue prints, estimates, program outlines, etc. \*\*



***If the application for funding as provided for herein is approved by the PHCDC Board of Directors, the Applicant Organization covenants and agrees to undertake the following:***

- (a) to maintain all original documentation pertaining to the project, program or community event for which funding has been applied for including all financial statements, invoices and receipts and to have these documents made available for inspection or examination upon request by officials on behalf of the PHCDC at any time during normal business hours;
- (b) to utilize the funding received only for purposes identified herein and not for any other project or activity without the express written consent of the PHCDC Board of Directors;
- (c) to return immediately to the PHCDC, any unused funds not utilized for the purposes of the project, program or community event as identified herein. Further, in the event the final costs associated with the project, program or community event are lower than the costs originally projected, the amount of eligible funding will be adjusted to reflect the lower cost and will be considered an overpayment. Under such circumstances, the Applicant Organization shall within fourteen (14) days following completion of the project, program or community event be required to refund to the PHCDC such funds attributable to the overpayment;
- (d) to complete, as and when requested by the PHCDC, a Follow Up Report in a form prescribed by the PHCDC verifying the final costs incurred with respect to delivery of the project, program or community event; and
- (e) to authorize the PHCDC to publish for use in conjunction with the preparation of its audited financial statements and annual report, reporting to its membership and to the public, the name of your organization, a description of the project, program or community event and the amount of funding received from the PHCDC. The Applicant Organization hereby acknowledges and agrees that this shall constitute proper and sufficient authority and consent for the release of the said information under applicable federal and provincial privacy legislation including, without restricting the generality of the foregoing, the *Personal Information Protection and Electronic Documents Act* (Canada).

In the event the application for funding is approved and the Applicant Organization fails to comply with the conditions as referenced above, all funds received by the Applicant Organization pursuant to this application shall immediately become payable by the Applicant Organization to the PHCDC and the PHCDC may, as its option, proceed with the exercise of any or all of the following remedies:

- (a) the PHCDC may cancel or suspend any further payments to the Applicant Organization with respect to the project, program or community event;
- (b) the PHCDC may proceed with the enforcement of any legal proceedings against the Applicant Organization to enforce repayment of all monies advanced to the Applicant Organization and owing to the PHCDC as a result of the Applicant Organization's failure to comply with the terms and conditions as prescribed herein. Further, any Applicant Organization that violates the terms and conditions as prescribed herein or fails to make repayment of any monies owing to the PHCDC shall be ineligible from receiving any further funding from the PHCDC with respect to any other project, program or community event until such time as the total amounts owing have been repaid in full to the PHCDC; and
- (c) the PHCDC may proceed with the exercise of any other rights or remedies it may have in law against the Application Organization.



## DECLARATION

On behalf of the Applicant Organization, we hereby represent, warrant and certify the following:

- (a) That the information contained in this application reflects an accurate description of the estimated costs associated with the related project, program or community event;
- (b) That the information contained in this application is true and correct;
- (c) That on behalf of the Application Organization, we agree to the terms and conditions as prescribed herein and agree to be bound by such terms and conditions with respect to receipt of all funding received from the PHCDC; and
- (d) That we hereby authorize any duly appointed representatives of PHCDC to obtain from and share with such persons or organizations, public or private, any information necessary to complete their assessment of the project, program or community event and the request for funding as outlined herein.

\_\_\_\_\_  
Signature of Authorized Representative (on behalf of Organization)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Position

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***\*\*ALL APPLICATIONS SUBMITTED WILL BECOME CONFIDENTIAL PROPERTY OF THE PHCDC\*\****

**MAIL THE ORIGINAL OF THIS APPLICATION FORM TO:**

**PAINTED HAND COMMUNITY DEVELOPMENT CORPORATION  
SUITE 2 – 21 BRADBROOKE AVE., NORTH  
YORKTON, SASK. S3N 3R1**

***\*\* PLEASE KEEP A SIGNED COPY FOR YOUR FILE \*\****



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