



**HAINES JUNCTION LOTTERY FUNDING GRANT
APPLICATION FORM**

(Made possible by Lotteries Yukon “Community Lottery Program”)

**Personal information is collected under the authority of the Public Lottery Regulations and will only be used for the purpose of administering the Community Lottery Program. For further information, contact the General Manager, Lotteries Yukon, 101-205 Hawkins Street, Whitehorse, YT Y1A 1X3 or 867-633-7899, toll free within Yukon 1-800-661-0555, extension 7899.*

Organization: _____

Purpose of Organization: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

1. Name of Project: _____

2. How much are you applying for? _____

When is it needed? _____

3. Please describe the project you wish to obtain funding for:

4. What are the objectives of the project?

5. What are the specific items you would like to see the grant applied towards, in order of priority?

6. How many people will benefit from this project and what are the benefits for them?

7. What are the cultural, park and/or recreation benefits of this project for the whole community?

8. Explain what fundraising you have done over the past year, if applicable.

9. Explain what fundraising you will be doing to comprise 25% of the project costs.

10. How long has your organization existed?

11. How many members does your organization have and what is their age range?

12. What is the membership or registration fee?

13. How are you or your organization qualified to complete this project, such as projects undertaken and/or related experience?

14. Is there anything else that the CPR Committee should be aware of?

Financial Statement For Last Year / Season

Income

Total Income

Expenses

Total Expenses

Surplus / Shortfall

Proposed Budget For This Year / Season

Income

- Fundraising should be at least 25% of Project Costs
- Fundraising is any activity that requires volunteer time, effort and commitment in order to raise money, except collecting donations or receiving grants from other organizations.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Income

Expenses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Expenses

Surplus / Shortfall (Total Income must be less than Total Expenses)

Grant Applied For (Must be less than or equal to Shortfall)
