



LOTTERIES YUKON
COMMUNITY LOTTERY PROGRAM
WATSON LAKE COMMUNITY LOTTERY APPLICATION FORM

PART A: APPLICANT APPLICATION

NAME OF ORGANIZATION / GROUP / INDIVIDUAL : _____

MAILING ADDRESS: _____ City _____ Postal Code _____

CONTACT INFORMATION: Name _____

Contact Phone _____ Contact Email _____

PART B: PROJECT DETAILS

PROJECT NAME: _____

FUNDING CATEGORY(*choose category most relevant to project*):

☐ Arts ☐ Sports ☐ Recreation

TARGETTED USER DEMOGRAPHIC(*select all that apply*):

☐ Youth ☐ Seniors (Ages 55+) ☐ Adults

ELIGIBLE EXPENSE(*select all that apply*):

☐ Asset/Equipment Purchases ☐ Contractor Fees ☐ One Time Start-Up Expenses ☐ Travel

☐ Registration Fees

DESCRIPTION OF PROJECT:

DESCRIPTION OF PROJECT (continuation):

PART C: DETAILED PROJECT BUDGET

PROJECT INCOME / REVENUE:	
Fundraising <div></div>	\$ <div></div>
Donations / Contributions <div></div>	\$ <div></div>
Participation Fees <div></div>	\$ <div></div>
Other Funding or Grant (please specify) <div></div>	\$ <div></div>
Other (specify) <div></div>	\$ <div></div>
Other (specify) <div></div>	\$ <div></div>
TOTAL PROJECT INCOME / REVENUE	\$ <div></div>

PROJECT EXPENSES	
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL PROJECT EXPENSES	\$

AMOUNT REQUESTED FROM THE COMMUNITY LOTTERY FUND: \$ _____

ARE THERE ANY OTHER DETAILS OR CIRCUMSTANCES THAT THE RECREATION ADVISORY COMMITTEE SHOULD TAKE INTO CONSIDERATION WHEN REVIEWING YOUR APPLICATION? WRITE DOWN BELOW:

[illegible]

PART D: AUTHORIZATION AND DECLARATION

In filling out this application, I / We, the undersigned declare that to the best of my / our knowledge, that the information in this application is correct, and that all required information to accompany the application is enclosed. Should my / our request be funded in part or in whole, the funds granted will be used got the stated purpose within this application and I will comply with all terms and conditions as outlined by the Town of Watson Lake Community Lottery Grant Policy.

I / We have read the Watson Lake Community Lottery Grant Guidelines and attest that this application meets the requirements needed for this fund.

APPLICANT SIGNATURE

SIGNATURE OF ORGANIZATION EXECUTIVE
(if applicable)

DATE

DATE

IF APPROVED, THE CHEQUE FROM THE TOWN OF WATSON LAKE SHOULD BE ISSUED TO:

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- ☐ Minimum of two (2) quotes from suppliers or contractors
- ☐ Letter of support from governing bodies and/or building/property owners (when applicable)

SUBMIT APPLICATIONS BY DELIVERING THIS PACKAGE TO THE RECREATION CENTRE TO THE RECREATION MANAGER OR EMAIL recprogrammer@watsonlake.ca BEFORE FUNDING DEADLINE.