



**Return to:**

City of North Battleford Leisure Services  
PO Box 460, 1291-101<sup>st</sup> Street  
North Battleford, SK  
S9A 2Y6

**Tel:** 306-445-1700

**Fax:** 306-445-0411

**Contact:** Val Mysko

Name of Group		
Non-Profit #		
Mail address		
Contact Person		
Address	Phone #	
Email		

Proposed Activity/Program/Event etc.

Proposed Date(s)	
Proposed Time(s)	
Location	

Project description (include objectives of program, benefits to participants)

Estimated number of participants	
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This project request is a City of North Battleford Community Grant application for funds only:

Yes     No

If no, where else have you applied for funding and the amount requested/approved.

Without financial assistance from this grant request, will this activity/program/event take place?

Yes     No

**Proposed Budget**

**Details**

**Expenditures**

**Amount**

Total

**Revenue**

**Amount**

Total

Amount requested from Community Grant

SELF HELP

Signature \_\_\_\_\_

Date