

# PROJECT GRANT APPLICATION FORM

**Important: Read the requirements in the Application Guidelines before completing this form. ALSO: Save your information in a Word file to prevent possible loss of data when saving the PDF file.**

## 1. Applicant Contact Information:

|                    |               |              |
|--------------------|---------------|--------------|
| Organization Name: | Contact Name: |              |
| Address:           | Community:    | Postal Code: |
| Phone:             | E-mail:       |              |

## 2. Organizational Information:

|   |                 |                 |
|---|-----------------|-----------------|
| Select One: <input type="checkbox"/> Project A Applicant [Incorporated] <input type="checkbox"/> Project B Applicant [Unincorporated] |                 |                 |
| Corporation Number<br>(if applicable)   |                 |                 |
| Fiscal Year of Organization<br>(mm/dd/yyyy)   | From:           | To:             |
| Staff (employee and /or contract)   | # of Full time: | # of Part-time: |
| Organization Web Page Address:  |                 |                 |

## 3. SOA Membership Category:

|   |   |
|---|---|
| <p><b>SOA Membership Definitions</b></p> <p><u>SOA Group Member:</u> Organizations who hold one SOA Membership on behalf of their organization.</p> <p><u>SOA Member Organization:</u> Organizations in which all participants hold an SOA Membership.</p> <p>** See <i>Operating Grant A Guidelines</i> for more details about membership categories or contact the SOA office at 306-716-5122 or <a href="mailto:info@saskorchestras.com">info@saskorchestras.com</a></p> |   |
| <input type="checkbox"/> <b>SOA Group Member</b>  | <input type="checkbox"/> <b>SOA Member Organization</b> |

**\*note: If applying for a series of grants, please complete sections 4-6 for each project.**

**4. Project Information:**

| Name of Project:  |       |                       |                   |                                  |                 |           |              |
|---|-------|-----------------------|-------------------|----------------------------------|-----------------|-----------|--------------|
| Location:   |       |                       |                   | Facilities to be used:           |                 |           |              |
| NI Project Start Date: (dd/mm/yyyy)   |       |                       |                   | NI Project End Date:(dd/mm/yyyy) |                 |           |              |
| Age range of expected participants:   |       |                       |                   | Expected number of participants: |                 |           |              |
| * Please choose one or two categories that the project will cater to most. If the project includes more than one program (i.e. workshop or class) please indicate the most appropriate category for each. |       |                       |                   |                                  |                 |           |              |
| Program Name  | Youth | First Nations & Metis | Rural Communities | Northern Communities             | Senior Citizens | Newcomers | Non-Specific |
|   |       |                       |                   |                                  |                 |           |              |
|   |       |                       |                   |                                  |                 |           |              |

**5. Project Overview [Attach]:**

- a. Brief description of your organization: (500 character maximum)
- b. Project Description. Applicants are to consider the Program Purpose and Adjudication Criteria outlined in the *Project Grant Guidelines* when developing applications.
- c. Project Goals & Objectives
- d. Anticipated Impact of the Project
- e. Plan for carrying out the Project. Include comment on how the project will be affected if the full amount of the request is not provided or if no funding is provided by the SOA.
- f. List and short bio of clinicians who will be involved [if applicable]

## 6. Budget

Applicants must show a balanced budget - revenue equal to expenses with a zero balance for the proposed project.

| PROJECT EXPENSES         |    | PROJECT REVENUE                   |    |
|--------------------------|----|-----------------------------------|----|
| <b>Administration:</b>   |    | Participant Fees                  | \$ |
| Administrative Salaries: | \$ | <b>Your Own Resources (list):</b> |    |
| General Office Materials | \$ |                                   | \$ |
| Equipment Rental         | \$ |                                   | \$ |
| General Office Supplies  | \$ |                                   | \$ |
| Facilities Rental        | \$ | Concert Ticket Sales              | \$ |

|  |    |                             |    |
|--|----|-----------------------------|----|
| <b>Other administrative expenses (list):</b> |    | <b>Donations (list):</b>    |    |
|  | \$ |                             | \$ |
|  | \$ |                             | \$ |
|  | \$ |                             | \$ |
|  | \$ | <b>Fund Raising (list):</b> |    |
|  | \$ |                             | \$ |
|  | \$ |                             | \$ |
|  | \$ |                             | \$ |

|                           |    |                                  |    |
|---------------------------|----|----------------------------------|----|
| <b>Promotion</b>          |    |                                  |    |
| Advertising (specify)     |    |                                  |    |
|                           | \$ | <b>Federal Grants (list):</b>    |    |
| Print Materials           | \$ |                                  | \$ |
| Other (list):             |    |                                  | \$ |
|                           | \$ |                                  | \$ |
|                           | \$ | <b>Provincial Grants (list):</b> |    |
| <b>Professional Fees:</b> |    |                                  | \$ |
| Clinician Fees            | \$ |                                  | \$ |
| Clinician Expenses        | \$ | <b>Municipal Grants (list):</b>  |    |
| Adjudicator Fees          | \$ |                                  | \$ |
| Adjudicator Expenses      | \$ |                                  | \$ |

|  |           |                                      |           |
|--|-----------|--------------------------------------|-----------|
| <b>Other professional fees: (list)</b> |           | <b>Other Revenue (list)</b>          |           |
|  | \$        |                                      | \$        |
|  | \$        |                                      | \$        |
| <b>Other Expenses (list):</b>          |           |                                      | \$        |
|  | \$        |                                      | \$        |
|  | \$        |                                      |           |
|  | \$        | <b>Amount of SOA Grant requested</b> | \$        |
|  |           |                                      |           |
| <b>TOTAL EXPENSES:     A</b>           | <b>\$</b> | <b>TOTAL REVENUE:     B</b>          | <b>\$</b> |

|                                      |          |
|--------------------------------------|----------|
| Projected Revenue (B)                | \$ _____ |
| Minus Projected Expenses (A)         | \$ _____ |
| = Projected Net Surplus/Net Loss (C) | \$ _____ |

## 7. Recognition of Funders:

The Saskatchewan Orchestral Association requires that the following funders' logos be displayed on all concert programs, newsletters, publications and any other promotional materials. These logos can be found on the respective organizations' websites:


[SaskCulture / Saskatchewan Lotteries Trust](#)



[Saskatchewan Orchestral Association](#)

**Retain promotional materials** throughout the year and submit them with your final report.

- Funder recognition is required for the final grant payment to be released.
- Ensure that the updated SOA logo is used on all promotional materials.

Briefly describe how your organization will recognize funders:

**The Saskatchewan Orchestral Association gratefully acknowledges the generous support of:**

|  |  |   |
|--|--|---|
| SaskCulture  |  | Saskatchewan Lotteries Trust Fund for Sport,<br>Culture and Recreation              |
|  |  |  |

## 8. Declaration:

We, the undersigned, certify:

- The statements and information contained in this application are accurate and complete.

By means of this declaration, the organization agrees to:

- Acknowledge the financial assistance of the Saskatchewan Lotteries Trust Fund for Sport, Culture and Recreation, SaskCulture, and the Saskatchewan Orchestral Association whenever possible and appropriate.
- Provide the Saskatchewan Orchestral Association with all necessary information and a final report as required.

|   |                               |                   |                            |
|---|-------------------------------|-------------------|----------------------------|
| _____<br>Signature of Chair / Officer of Organization | _____<br>Name (print clearly) | _____<br>Position | _____<br>Date (mm/dd/yyyy) |
| _____<br>Signature of Director or Administrator       | _____<br>Name (print clearly) | _____<br>Position | _____<br>Date (mm/dd/yyyy) |

## Notes for Completion of this Form

### Section 1: Applicant Contact Information

The individual named should be capable of responding easily to any correspondence necessary to complete the processing of this application.

### Section 2: Organization Information

See the Program Information section of the New Initiative Application Package or contact the SOA Managing Consultant for questions about eligibility.

### Confidentiality of Information

By becoming a member and providing your contact information, including your email address, you are consenting to SOA sending you electronic communications which may include updates and newsletters as well as related communications about SOA meetings and events. You may withdraw your consent at any time by contacting [info@saskorchestras.com](mailto:info@saskorchestras.com) with “unsubscribe” in the subject line.

The SOA collects and uses the personal information provided to correspond with you about grants and membership and to send you information about the orchestral community. It does not share personal information outside of the Association.

If you have any questions please contact:

Elaine Kaloustian, Executive Director  
306-716-5122  
E-mail: [info@saskorchestras.com](mailto:info@saskorchestras.com)

Application form and attachments may be sent by mail to:

Saskatchewan Orchestral Association  
2113 Clarence Ave. S Saskatoon, SK S7J 1L4  
**OR via e-mail [Preferable] to:** [info@saskorchestras.com](mailto:info@saskorchestras.com)