August 13, 2019

Dear Partners,

Gymnastics Saskatchewan promotes and funds initiatives for groups to take part in gymnastics programs and discover the great benefits of gymnastics. Our sport provides the enhancement of fun, fitness & fundamentals and can impact skill development (physical, psychological and emotional) as well contribute to the building of important life skills. There is an opportunity for your group to be part of a great gymnastics experience and take advantage of all its benefits.

Gymnastics Saskatchewan is once again offering financial assistance to groups and organizations that work with under-represented populations. You will find enclosed information on how to apply for support and other benefits. All funding is subject to final approval by the office staff and is conditional to a project realization reflecting your project plan.

As the Program Manager of Gymnastics Saskatchewan, I will be your liaison for any gymnastics program that you want to initiate. I will do my best to guide you and your group through an exceptional movement experience.

If you require technical help or equipment to run your gymnastics project, one of our club members near you would be able to help you. If you want to transform an idea or vision into a program adapted to your goals, I will be more than happy to assist you.

Please be aware that although an Associate Membership with Gymnastics is required, the majority of this will be reimbursed through a specialized Participation Allocation and added to your final approved funding.

I am looking forward to hearing from your organization about its initiatives. Gymnastics Saskatchewan will be pleased to be your partner in creating opportunities for your members.

Sincerely,

Daniel Fowler

Program Manager

Gymnastics Saskatchewan

| target group Associate member application2019-2020 | | | | |
| --- | --- | --- | --- | --- |
| target group associate members – benfits  * Access to target group grants and resources * School in-services, etc. * Technical support and expertise | | | | |
| Club/Organization Name: | | | | |
| Email (required): | | Website: | | |
| Address (street or box #): | | | | |
| City/Town: | Province: | | Postal Code: | |
| Phone (h): | Phone (c): | | Fax Number: | |
| Contact Person’s Full Name: | | | | |
| Gymnastics Club your group will be participating at: | | | | |
| CHECK THE CATEGORIES THAT APPLY TO YOUR GROUP IF ANY: | | | | |
| ❑ Aboriginal  ❑ Youth at risk  ❑ Northern residents  ❑ Senior  ❑ Racial and ethnic minorities  ❑ Cognitive disabilities  ❑ Physical disabilities  ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **ASSOCIATE MEMBERS AFFILIATION FEE $85**  **Valid for a full gymnastics season from September 1 to August 31** | | | | |
| payment options | | | | |
| ❑ CHEQUE: Please make cheques payable to Gymnastics Saskatchewan | | | ❑ VISA | ❑ MASTERCARD |
| Card Holders Name: | | | | |
| Card Number: | | | Expiry Date: | |
| Send to | | | | |
| Gymnastics Saskatchewan  300-1734 Elphinstone Street; Regina, SK; S4T 1K1  Fax: (306) 780-9475  Email: [dfowler@gymsask.com](mailto:dfowler@gymsask.com) | | | | |

**TARGET GROUP GRANT**

**2019-2020**

Financial assistance is available from Gymnastics Saskatchewan for clubs or organizations offering gymnastics programs for under-represented population groups. The intent of this offer is to assist clubs or organizations in providing programs which will increase participation in gymnastics by the following groups: aboriginal peoples, youth at risk, northern residents, seniors, racial and ethnic minorities and the physically and cognitive disabilities.

Funding amounts will be based on:

* Number of applications received
* Priority will be given to “new” groups who have not received this grant in the past
* Number of participants and duration of the program
* Funding is subject to the follow up report corresponding to the submitted plan

There will be two funding periods. The first funding period will run from September 1st, 2019 to December 31st, 2019. The second will run from January 1st, 2020 to June 30th, 2020.

There are also two application deadlines:

* September 26th, 2019 for the first funding period
* January 8th, 2020 for the second funding period

Follow-up reports with attendance records are required no later than 30 days after completion of the program. Funding cheques will be issued after follow-up reports are received.

Please Note:

* Associate members who receive a grant are eligible to receive a **$35 rebate** on their membership fee.

**As funding is limited, groups are encouraged to submit their projects early even if the activity is not taking place until later in the funding period.**

Funding for these projects is made available through Saskatchewan Lotteries/Gymnastics Saskatchewan grant programs. Please contact the Gymnastics Saskatchewan office if you have any questions about this Target Group Initiatives program. We look forward to receiving your requests and encourage you to take advantage of this opportunity.





| target grant application2019-2020 | | | |
| --- | --- | --- | --- |
| Organization Name: | | | |
| Email (required): | | Phone: | |
| Address (street or box #): | | | |
| City/Town: | Province: Saskatchewan | | Postal Code: |
| Contact Person’s Name: | | | |
| Gymnastics Club your group will be participating at: | | | |
| Name of Facilitator for the program: | | | |
| program description | | | |
| Participant Information (special needs, children at risk, aboriginal or other, please specify): | | | |
| Project Purpose: | | | |
| Class Schedule (dates): | | | |
| **PROGRAM BUDGET**  To help us understand what is involved in our Target Group projects please complete the following information. | | | |
| Facility Rental Costs (cost/hour OR cost/participant): | | | |
| Transportation Costs: | | | |
| Other valuable expense information: | | | |
| Average number of participants per class: | | | |
| Duration of class: | | Total number of classes: | |

Your organization will receive a notice of approval of your project along with the funding amount allotted, by September 28th, 2019 for the first funding period and by January 10th, 2020 for the second funding period. Funding is subject to the follow-up report corresponding to the submitted plan.

Reminder:

* Follow-up reports must be received no later than 30 days after completion of the program
* Funding cheques will be issued within 30 days after receiving follow-up report. In the event that the funding amount is different than the approval notification an explanation will be included
* Aboriginal Self-Declaration on attendance sheets is voluntary. Providing this information is voluntary and will be used for statistical purposes only. It will not be used by Gymnastics Saskatchewan for any other prohibited preference as per *The Saskatchewan Human Rights Code*.

**For office use only:** Program application reception date: \_\_\_\_\_\_\_\_\_\_\_\_

| target grant follow-up report2019-2020 | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Organization Name: | | | | | | |
| Email (required): | | | Phone: | | | |
| Address (street or box #): | | | | | | |
| City/Town: | | Province: Saskatchewan | | Postal Code: | | |
| Contact Person’s Name: | | | | | | |
| Make grant cheque payable to: | | | | | | |
| program description summary | | | | | | |
| Describe the benefits of the program for your participants: | | | | | | |
| Provide an update on program information (content, dates, time, location, etc.) if different from the application: | | | | | | |
| **ATTENDANCE SUMMARY** | | | | | | |
| Duration of class: | | | Total number of classes: | | | |
| Average number of participants per class: | | | | | | |
| **BUDGET SUMMARY** | | | | | | |
| **EXPENSES:** | | | **INCOME:** | | | |
| Gym Sask Membership | $ | | Self Help | | | $ |
| Program Fees | $ | | Anticipated Gymnastics Saskatchewan Grant | | | $ |
| Transportation | $ | |
| Other (please list) | $ | |
| TOTAL EXPENSES | $ | | TOTAL INCOME | | | $ |
| **DOCUMENTS REQUIRED**   * Attendance chart including date of classes and name, age, gender and (optional) aboriginal self-declaration of all participants in the program. | | | | | | |
| I hereby certify the above information is correct and factual.  Program Facilitator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Date: | |

**For office use only:** Reception date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount approved:\_\_\_\_\_\_\_\_\_\_\_

| target grant attendance sheet2019-2020 | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | Age | Gender (M/F) | Aboriginal Self-Declaration  (Yes/No) | Date Across |  |  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Add up total # of participants per class date | | | | |  |  |  |  |  |  |  |  |  |  |  |
| Add up all the totals in the above line and divide by the number of classes = average # of participants per class | | | | | | | | | | | | | | | |