August 30th, 2022

Dear Partners,

Gymnastics Saskatchewan is once again offering financial assistance to those working with equity-deserving groups who would like to enjoy the many benefits of gymnastics. Rooted in FUN, fitness, and fundamental movement patterns, our sport nurtures physical literacy as well as other important life skills such as a socialization, work ethic, and respect. Gymnastics Saskatchewan believes that everyone has the right to participate in quality sport, which is why we are sharing this exciting funding opportunity with you.

As Program Manager, I will be your liaison for any gymnastics program that you want to initiate or attend. I will do my best to help guide you and your group to an exceptional movement experience! Thanks to our many local clubs around the province, gymnastics programming and equipment is available to you. If you have a specific idea or vision for your group, I am here to help you achieve your programming goals.

Enclosed, you will find information on how to apply for support and other benefits from Gymnastics Saskatchewan. All funding is subject to final approval by the office staff and is conditional to project realization which reflects your project plan.

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

I look forward to learning about your organization and how Gymnastics Saskatchewan can help support this good work.

Sincerely,

Jamie Benson

Program Manager

Gymnastics Saskatchewan

| target group Associate member application2022-2023 | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| target group associate members – benfits  * Access to target group grants and resources * 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: | | | | | | |
| ❑ Indigenous ancestry  ❑ Youth at risk  ❑ Northern residents  ❑ Seniors  ❑ Newcomers  ❑ LGBTQIA2S+  ❑ Racial and ethnic minorities  ❑ Individuals living with a disability  ❑ 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: | | | CVC: |
| Send to | | | | | | |
| Gymnastics Saskatchewan  300-1734 Elphinstone Street; Regina, SK; S4T 1K1  Fax: (306) 780-9475  Email: [jbenson@gymsask.com](mailto:jbenson@gymsask.com) | | | | | | |

**TARGET GROUP GRANT**

**2022-2023**

Financial assistance is available from Gymnastics Saskatchewan for organizations offering gymnastics programs for under-represented and equity-deserving groups. The intent of this grant is to assist organizations in providing gymnastics programs for the those identifying as Indigenous, youth at risk, LGBTQIA2S+, northern residents, seniors, racial and ethnic minorities, newcomers, individuals living with physical and/or cognitive disabilities or any other equity-deserving social identity.

Funding amounts will be based on:

* Number of applications received
* Number of participants and duration of the program

There will be two funding periods. The first funding period will run from September 1st, 2022 to December 31st, 2022. The second will run from January 1st, 2023 to June 30th, 2023.

There are also two application deadlines:

* September 26th, 2022 for the first funding period
* January 16th, 2023 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.
* Priority will be given to “new” groups who have not received this grant in the past
* Funding is subject to the follow-up report corresponding to the submitted plan

**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 possible through Saskatchewan Lotteries/Gymnastics Saskatchewan grant programs. Please contact the Gymnastics Saskatchewan office if you have any questions about this Target Group Grant program. We look forward to receiving your requests and supporting your programming goals.

Logo

Description automatically generated



| target grant application2022-2023 | | | |
| --- | --- | --- | --- |
| 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 (please describe the social identity(ies) of the individuals and/or group): | | | |
| 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 29th, 2022, for the first funding period and by January 19th, 2023, 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. If the funding amount is different than the approval notification an explanation will be included
* Self-Identification 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 report2022-2023 | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 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) self-identification 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 sheet | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | Age | Gender | Self-Identification (Yes/No/Blank) | | | | | | | |  |  |  |  |  |  |  |
| Indigenous | Youth at Risk | Northern Residents | Seniors | Newcomers | LGBTQIA2S+ | Racial and ethnic minorities | Individuals living with a disability |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 | | | | | | | | | | | | | | | | | | |

Please list the social identities that pertain to your group