



300 – 1734 Elphinstone Street; Regina, SK; S4T 1K1
Phone: 306-780-9229 Fax: 306-780-9475
Email: acox@gymsask.com

January 8th, 2023

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 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,

Adeena Cox

Program Manager
Gymnastics Saskatchewan



300 – 1734 Elphinstone Street; Regina, SK; S4T 1K1
Phone: 306-780-9229 Fax: 306-780-9475
Email: acox@gymsask.com

TARGET GROUP ASSOCIATE MEMBER APPLICATION 2023-2024

TARGET GROUP ASSOCIATE MEMBERS – BENEFITS

- 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



300 – 1734 Elphinstone Street; Regina, SK; S4T 1K1

Phone: 306-780-9229 Fax: 306-780-9475

Email: acox@gymsask.com

TARGET GROUP ASSOCIATE MEMBER APPLICATION 2023-2024

Gymnastics Saskatchewan
300-1734 Elphinstone Street; Regina, SK; S4T 1K1
Fax: (306) 780-9475
Email: acox@gymsask.com



300 – 1734 Elphinstone Street; Regina, SK; S4T 1K1

Phone: 306-780-9229 Fax: 306-780-9475

Email: acox@gymsask.com

TARGET GROUP GRANT 2023-2024

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

The funding period for 2024 will run from January 1st, 2024 to June 30th, 2023.

The application deadline is February 5th, 2024.

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.





300 – 1734 Elphinstone Street; Regina, SK; S4T 1K1
Phone: 306-780-9229 Fax: 306-780-9475
Email: acox@gymsask.com

TARGET GRANT APPLICATION 2023-2024

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 February 9th, 2024. 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: _____

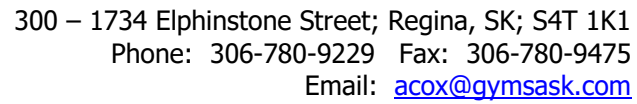


300 – 1734 Elphinstone Street; Regina, SK; S4T 1K1
 Phone: 306-780-9229 Fax: 306-780-9475
 Email: acox@gymsask.com

TARGET GRANT FOLLOW-UP REPORT 2023-2024

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			
<ul style="list-style-type: none"> 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: _____

[illegible]



300 – 1734 Elphinstone Street; Regina, SK; S4T 1K1
 Phone: 306-780-9229 Fax: 306-780-9475
 Email: acox@gymsask.com

TARGET GRANT ATTENDANCE SHEET

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