



—SASKATCHEWAN—
GERMAN COUNCIL
 LANGUAGE. CULTURE. TRADITION.

SGC Sponsorship Application



PLEASE PRINT

SGC Program File Number:

Date received:

1. Applicant Information

Organization Name			Date		
Contact Name			Signature		
Mailing Address		City/Town		Postal Code	
Phone number			E-mail		

2. Project/Event Information

Project Name					
Location					
Start Date			End Date		

Type of Project (mark all applicable)

<input type="checkbox"/> Open to the Public <input type="checkbox"/> Cultural Event <input type="checkbox"/> Festival <input type="checkbox"/> Dance & Other Performances <input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Music & Singing <input type="checkbox"/> German Language <input type="checkbox"/> Anniversary, Celebration etc. <input type="checkbox"/> Conference, Seminar, Meeting etc. <input type="checkbox"/> Other: _____
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Project/Event Description (attach extra sheet if needed):

4. Participation

Total number of expected participants:	
Youth (ages 0-29)	
Adult	
Seniors (55+)	

5. Budget			
Total Anticipated Project/Event Cost	\$	Sponsorship Amount Requested from SGC	\$

Budget Details	Projection
Revenue	
SGC Sponsorship	\$
Other Confirmed Grants/Sponsorships	\$
Other Requested Grants/Sponsorships	\$
Private Donations	\$
Corporate Sponsorship	\$
Fundraising	\$
Fees	\$
Organization Contribution	\$
In-kind donations (list)	
-	\$
-	\$
-	\$
Other	
-	\$
-	\$
-	\$
Total Revenue	\$
Expenses (list all)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses	\$
Surplus/(Deficit)	\$