



—SASKATCHEWAN—
GERMAN COUNCIL
 LANGUAGE. CULTURE. TRADITION.

SGC Sponsorship Follow-up



PLEASE PRINT

SGC 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: _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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) | \$ |