



## Community Lottery Program Criteria Schedule A

### PROGRAM OBJECTIVES

The objective of the Community Lottery Program (CLP) is to provide municipalities and local authorities with funding support for programs or projects that sustain and contribute to the growth of arts, sport and recreation in their communities.

The program strives to improve the quality of life for all Yukon people through participation in, or the availability of, arts, sport and recreation in Yukon communities.

The CLP is intended to support municipalities and local authorities to make decisions relevant to their community's needs and create equitable access to lottery revenues for all Yukon people. **Applications for the Community Lottery Program must adhere to the following:**

- ✓ Be submitted by residents of The Village of Carmacks or living within Municipal Boundaries
- ✓ Team events or individuals travelling to the same event must be submitted as one application.
- ✓ Provide at least 20% of their project requirements (Can be fundraising, cash or in-kind contributions) Volunteer hours will be considered at a rate of \$ 20 per hour.
- ✓ Events /and/or programs must benefit the community.
- ✓ Applications must be submitted prior to an event or program, an application cannot be retroactive.
- ✓ Complete application must be submitted to the Village of Carmacks Municipal office by 4 pm on the Thursday before regular Council meetings in order to be considered.
- ✓ Any event/program that excludes participation based on culture, religious affiliation, ethnic background or any other prejudicial basis will not be eligible for funding.
- ✓ Community Lottery funding cannot be transferred to any other project or organization; any funds not used for the project applied for have to be returned to the Village of Carmacks.
- ✓ Applicants must be present at the Council meeting when their application is being reviewed in order to answer any questions in regards to the application or risk having application deferred.
- ✓ All applications are subject to funding availability.
- ✓ Accountability statements from previous grants have to be completed and up to date.

### Eligible Expenses

- ✓ Maximum of 80% of a project is eligible for funding.
- ✓ Accommodation expenses up to a maximum of \$100.00 per night, based on 4 participants per room. Exceptions can be made for gender differences and odd numbers. 50% of chaperone accommodation expenses may be eligible, based on 1 chaperone room for every 2 participant rooms
- ✓ Mileage at a rate of \$.25/km per participant travelling in a vehicle.
- ✓ 100% of airfare to a maximum of \$400.00 per participant
- ✓ Applicant's user fees for facilities
- ✓ Other expenses such as supplies, local workshops, equipment cost, and any other projects or activities that Council deems appropriate
- ✓ Honorariums which include speakers, instructors, facilitators and trainers up to a maximum of \$150.00 a day.

## **Ineligible Expenses**

- ✓ Applicant's operating and maintenance costs for general administration.
- ✓ Wages
- ✓ Office equipment (computers, scanners, printers, projectors, telephones, software, etc.)
- ✓ Rent
- ✓ Energy
- ✓ Utilities
- ✓ Office Supplies, telephone, internet.
- ✓ Minor repairs and maintenance
- ✓ Insurance, accounting and audit services, printing services, professional services
- ✓ annual fees
- ✓ Projects deemed to be private enterprise
- ✓ Personalized clothing/equipment
- ✓ Speakers, instructors, facilitators and trainers cannot be members or family of the applicants
- ✓ Gifts, awards, prizes (including cash)

## **Accountability**

- ✓ Funds granted are not transferable between projects or groups/organizations and **MUST** be used for the specific purposes outlined in the application.
- ✓ The applicant **MUST** submit an Accountability Statement no later than ninety (90) days following the event and **MUST** include all applicable receipts. Failure to comply will deem the applicant ineligible for further funding under the Community Lottery Program, and it could also require the applicant to return the grant funding.
- ✓ Any unused portion of the funding must be returned to the Village of Carmacks.

## **Recognition**

Applicants are required to recognize Lotteries Yukon as a funder in all publicity associated with an approved application. When using the Lotteries Yukon logo it must be a minimum of 4cm (1.5 inches) in size. It is the recipient's responsibility to identify recognition and media plans in their application and provide evidence of these activities in their progress and final reports.

Personal information is collected under the authority of the Public Lottery Regulations and will be used only for the purpose of administering the Community Lottery Program.



**Funding made possible through**

**Lotteries Yukon**



**Community Lottery Program  
Application Form  
Schedule B**

Personal information is collected under the authority of the Public Lottery Regulations and will be used only for the purpose of administering the Community Lottery Program.

*Complete the following to the best of your ability. Attach additional information if needed.*

Name of Organization or Individual: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Number of Members \_\_\_\_\_

Is your Organization registered under the Yukon Societies Act Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of Event and/or Travel \_\_\_\_\_

Project Description: *(please be thorough and attach another sheet if necessary)*

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Community Lottery Program is possible with support from Lotteries Yukon.

**For Office Use Only**

Grant Amount Approved \$ \_\_\_\_\_ Resolution # \_\_\_\_\_ Date: \_\_\_\_\_

Accountability Statement Received & Reviewed \_\_\_\_\_ YES \_\_\_\_\_ NO

## Project Budget Information

*Estimate, to the best of your ability, the total expenses that will be incurred for the event that you are seeking funding for. Revenue includes all sources of financing.*

**Expenses:** estimate the cost of each category. (Include additional expenses not listed in the “other” category and specify the expense)

**Revenues:** Include all sources of revenue you expect, including the private sector, government funding, fundraising and volunteer in-kind contribution.

**Total expenses and total revenues must be equal.**

EXPENSES			AMOUNT	REVENUES		AMOUNT
Accommodation	# of participants			Funding provided by you or your organization (e.g. Self or Parental contribution)		
	# of chaperones					
	# of rooms					
Mileage (.25/km)	# of participants			Funding from fundraising (e.g. bake sales, bottle drives, etc.)		
Other Transportation (e.g. flights)	# of participants			Funding from other sources (e.g. sponsorships, sports Yukon)		
Registration				In-Kind, Volunteer contributions e.g. (number of hours at a rate of \$20.00 per hour)		
Facility Fees						
Equipment						
Contractor Fees				<b><u>Funding requested from the Community Lottery Program</u></b>		
Other						
<b>TOTAL EXPENSES</b>			<b>\$</b>	<b>TOTAL REVENUES</b>		<b>\$</b>

We, the undersigned, acknowledge that we have read the application guidelines and that the information contained in this application is correct; and further, that should this request be accepted in part or in whole, the funds granted will be spent for the stated purpose only.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## COMMUNITY LOTTERY PROGRAM

### Accountability Statement

NAME OF GROUP / ORGANIZATION \_\_\_\_\_

PROJECT / PROGRAM FUNDED \_\_\_\_\_

AMOUNT APPROVED \$ \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

AMOUNT USED \$ \_\_\_\_\_ (attach receipts)

#### SUMMARY OF PROJECT / PROGRAM EXPENSE

Description	Project Budget	Monies Spent	Variance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total</b>	_____	_____	_____

We, the undersigned, declare to the best of our knowledge that the project costs are in accordance with the conditions of the funding application and the funds approved, and the information contained in this statement is correct.

Signed \_\_\_\_\_

Position \_\_\_\_\_

Name Printed \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Position \_\_\_\_\_

Name Printed \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_