



RM OF FRENCHMAN BUTTE NO. 501  
BOX 180  
PARADISE HILL, SK, S0M 2G0  
Phone: 306-344-2034, Fax: 306-344-4434, Email: rm501@sasktel.net

**Event Hosting Grant Claim Form**

Please complete this form in full. Funding is available to a maximum of \$500.00, excluding GST.  
**CLAIM FORM MUST BE ACCOMPANIED BY ALL RECEIPTS, INVOICES and CANCELLED CHEQUES**

**ORGANIZATION**

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Claim Form completed by (please print): \_\_\_\_\_

**CLAIM FORM MUST BE ACCOMPANIED BY ALL RECEIPTS, INVOICES and CANCELLED CHEQUES**

Payment will be issued to organization unless otherwise stated:

\_\_\_\_\_

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

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

**PAYMENT CLAIM FORM AND ALL ATTACHMENTS MUST BE RECEIVED ON OR BEFORE  
DECEMBER 31 FOR YEAR IN WHICH EVENT TOOK PLACE**

This portion must be completed. Incomplete claim forms will not be paid.

Event Date \_\_\_\_\_

Event Name \_\_\_\_\_

**EVENT COSTS – itemized expenses (DO NOT INCLUDE GST PAID):**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL EVENT COSTS (a):** \$ \_\_\_\_\_

**Amount being requested from Event Hosting Grant Program:**  
(Maximum \$500.00) \$ \_\_\_\_\_

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Claim is Complete and all supporting documentation is attached.

Date Received at the R.M. of Frenchman Butte No. 501 Office: \_\_\_\_\_

Receiver Initials: \_\_\_\_\_

Application Approved Resolution # \_\_\_\_\_