



Community Grant Program - Peer Review Committee Member Application

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Work Address \_\_\_\_\_

Town/City \_\_\_\_\_ Postal Code \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Email \_\_\_\_\_

Indicate where you prefer we contact you:  Home  Work

Indicate which Peer Review Committee(s) you would like to be considered for.

- Northern
- Central
- South
- Provincial

Indicate which sector(s) you have experience with (*experience may be paid or unpaid*).

- Arts, Culture and Heritage
- Community Foundations/United Way's
- Corporate
- Education
- First Nations and Métis communities
- Health
- Human/Social Services
- Immigration/Newcomers
- Municipalities
- Nonprofit
- Rural and Northern communities
- Sport and Recreation

**Briefly describe your employment, education and community knowledge and experience. Be sure to highlight any experiences that relate specifically to the three Community Grant Program objectives (*healthy growth and development of children and youth; individual and community wellbeing; and nonprofit and community leadership*) and any prior experiences reviewing grant applications.**

**Include a list of the boards, committees and organizations you have been or are currently involved with either as a volunteer or in a professional capacity.**

---

**Please provide two references that we may contact with regard to your application:**

<b>Name</b>	<input type="text"/>
<b>Organization</b>	<input type="text"/>
<b>Position Title</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>
<b>Organization</b>	<input type="text"/>
<b>Position Title</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>

**How did you learn about this opportunity?**

- E-Update
- Social Media
- Word of mouth
- Other: \_\_\_\_\_

**Optional: We are seeking a diversity of perspectives on the Peer Review Committees. If you choose to self-declare, indicate/highlight if you are:**

- Under age 30 (*must be 18 or older*)
- Over age 55
- First Nations
- Métis
- Newcomer

---

I have read and understand the requirements of being a Peer Review Committee member as outlined and confirm that I am able to fulfil those requirements if selected as a committee member. I hereby certify that the information provided in this application is complete and accurate.

**Type your name:** \_\_\_\_\_

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

---

*You are welcome to attach a resume and/or letters of reference with your application.*

**Application deadline is November 30, 2023.** Applicants will be notified no later than January 31, 2024 of the status of their application. Inquiries should be directed to Angie Sawatzky at 306.780.9397 or [asawatzky@cifsask.org](mailto:asawatzky@cifsask.org).

**Please forward your completed application to [asawatzky@cifsask.org](mailto:asawatzky@cifsask.org).**