



# HOSTING GRANT APPLICATION

### Category

(Please check the one grant under which you are applying for assistance)

Hosting Athlete Sport Skill Development Clinic/Camp

Hosting Regional Championships

Please note that eligibility does not ensure assistance.

### Applicant Information

- P.S.O Member Club       Community Centre       Local/District/Regional Association/League
- Recreation Commission/Department       School       Alliance       First Nation or Métis Community

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

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Please make cheque payable to: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Project/Event Information

Name of Competition/Clinic/Camp: \_\_\_\_\_

Project Partners: \_\_\_\_\_ Sport: \_\_\_\_\_

Date(s) of clinic: \_\_\_\_\_ to \_\_\_\_\_ Location: \_\_\_\_\_

Participating Towns/Communities/Regions: \_\_\_\_\_

Participants: Males  Females  Total expected # of participants: \_\_\_\_\_

Age Range of Participants: from \_\_\_\_\_ to \_\_\_\_\_

Contact for event: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this Clinic/Camp endorsed by your P.S.O. Yes  No

Please list all your clinic/camp instructors: \_\_\_\_\_  
& level of certification in each sport

**\*\*Please note that this application must include a budget.**

Office use only:
Account # _____
Pre- Approved: \$ _____
Letter sent ____ Date: _____



**PROPOSED BUDGET HOSTING GRANT**

**\*\* This report must be enclosed with your application\*\***

**ESTIMATED REVENUE**

Registration fees: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
# of participants registration fee

Host Organization Contribution: \$ \_\_\_\_\_

Partner Organization Contribution: \$ \_\_\_\_\_

Sponsorship / Donations: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_  
(Please specify; fundraising, gate receipts etc.)

**TOTAL REVENUE** \$ \_\_\_\_\_

**ESTIMATED EXPENSES**

Clinician or Officials:

Game Fees: # of games \_\_\_\_ X \$ \_\_\_\_\_ per game \$ \_\_\_\_\_

Honoraria: \$ \_\_\_\_\_ per hour X \_\_\_\_\_ hour \$ \_\_\_\_\_

Travel Cost: \$ \_\_\_\_\_

Accommodation/Meals: \$ \_\_\_\_\_

Equipment: \_\_\_\_\_ \$ \_\_\_\_\_  
(Please specify)

Administration: \_\_\_\_\_ \$ \_\_\_\_\_  
(Please specify)

Facility Rental: \_\_\_\_\_ \$ \_\_\_\_\_  
(Please specify)

Other: \_\_\_\_\_ > \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**EXPENSES OVER REVENUE** \$ \_\_\_\_\_

**“Revenue over expenses”** \$ \_\_\_\_\_

(If your application is projecting a surplus, please provide an explanation on what you will be using this surplus for)



**POST EVENT REPORT HOSTING GRANT**

**Indicate the grant area previously applied for:**

Hosting Athlete Sport Skill Development Clinic/Camp   
Hosting Regional Championships

**Project/Event Information**

Name of Competition/Clinic/Camp: \_\_\_\_\_

Sport: \_\_\_\_\_ Date(s) of clinic: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_ Participating Towns/Communities/Regions: \_\_\_\_\_

Participants: Males  Females  Final # of participants: \_\_\_\_\_

Age Range of Participants: from \_\_\_\_\_ to \_\_\_\_\_

**Information Verification Statement**

I confirm that the above information to be true and accurate and I have enclosed copies of all expense receipts/invoices to verify the financial statement.

Claimant's Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone # : \_\_\_\_\_ (h) Phone # : \_\_\_\_\_ (w)

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cheque made payable to: \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please note that this application must include a budget.**

Office use only:
Account # _____
Approved: \$ _____
PO# _____ Date: _____



**ACTUAL REVENUE**

Registration fees: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
# of participants registration fee

Host Organization Contribution: \$ \_\_\_\_\_

Partner Organization Contribution: \$ \_\_\_\_\_

Sponsorship / Donations: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_  
(Please specify; fundraising, gate receipts etc.)

**TOTAL REVENUE** \$ \_\_\_\_\_

**ACTUAL EXPENSES**

Clinician or Officials:

Game Fees: # of games \_\_\_\_ X \$ \_\_\_\_\_ per game \$ \_\_\_\_\_

Honoraria: \$ \_\_\_\_\_ per hour X \_\_\_\_\_ hour \$ \_\_\_\_\_

Travel Cost: \$ \_\_\_\_\_

Accommodation/Meals: \$ \_\_\_\_\_

Equipment: \_\_\_\_\_ \$ \_\_\_\_\_  
(Please specify)

Administration: \_\_\_\_\_ \$ \_\_\_\_\_

Facility Rental: \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
# of hours Rate per hour

Other: \_\_\_\_\_ \$ \_\_\_\_\_ >

**TOTAL EXPENSES** \$ \_\_\_\_\_

**“Revenue over expenses”** \$ \_\_\_\_\_

(If your application is projecting a surplus, please provide an explanation on what you will be using this surplus for)

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## REGIONAL SPORT CONTACT LIST

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