

**COMMUNITY DEVELOPMENT GRANT APPLICATION FORMS**



**INTRODUCTION OF A NEW SPORT**

\*\* Please note that eligibility does not ensure assistance.

\*\*All applications must include a signed covering letter indicating the nature of their sport development initiative/program and the benefit expected if they receive the grant. Applications must also include a budget.

**Host Organization Information:**

Club/School/Association Name: \_\_\_\_\_ Sport: \_\_\_\_\_

1<sup>st</sup> year application

2<sup>nd</sup> year application

Have you consulted with the applicable Provincial Sport Organization in developing the new program?  
Yes  No

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

Applicant Name: \_\_\_\_\_

Make cheque payable to: \_\_\_\_\_

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

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

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

**Program Information:**

Name of Program: \_\_\_\_\_

Program Partners: \_\_\_\_\_

Program dates: \_\_\_\_\_

Location (s): \_\_\_\_\_

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

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

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

\*\*In relation to a school based "introduction of a new sport" the sport must be extracurricular based (not curriculum based) and the new sport must demonstrate training, competitions and be led by a qualified coach.

**PROPOSED BUDGET INTRODUCTION OF A NEW SPORT**

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

(This report must be enclosed with your application, please complete all applicable sections)

**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 include a detailed list)

**Note:**

- Equipment may not be personally owned, must be organization or club owned
- Not for the purchase of expendable equipment (balls, player uniforms or warm up clothes, etc.)

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

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

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

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

**GRANT AMOUNT REQUESTED** \$ \_\_\_\_\_

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

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**POST EVENT REPORT INTRODUCTION OF A NEW SPORT**



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**Project/Event Information**

Name of Program: \_\_\_\_\_

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

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

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

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

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

**Note: Post Event report must include a budget and receipts**

Office use only: Account # _____ Approved: \$ _____ PO# _____ Date: _____
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**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 include a detailed list)

**Note:**

- Equipment may not be personally owned, must be organization or club owned
- Not for the purchase of expendable equipment (balls, player uniforms or warm up clothes, etc.)

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

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

**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

### *Sport Manitoba* [www.sportmanitoba.ca](http://www.sportmanitoba.ca)

Cindy Kowalski  
Regional Manager- Sport Manitoba  
**Central Region**  
225 Wardrop Street  
Morden, MB R6M 1N4  
Office: 822-6735  
Fax: 822-2915  
**Toll free: 1-866-774-2220 (ext 1)**  
**E-Mail** [central@sport.mb.ca](mailto:central@sport.mb.ca)

Wendy Moar  
Regional Manager- Sport Manitoba  
**Interlake Region**  
Box 1519, 62-2<sup>nd</sup> Avenue  
Gimli, MB R0C 1B0  
Office: 642-6015  
**Fax: 642-6080**  
**Toll Free: 1-866-774-2220 (ext 2)**  
**E-Mail** [interlake@sport.mb.ca](mailto:interlake@sport.mb.ca)

Pete Conway  
Regional Manager - Sport Manitoba  
**Parkland Region**  
27 – 2<sup>nd</sup> Avenue S.W.  
Dauphin, MB R7N 3E5  
Office: 622-2094  
Fax: 638-6558  
**Toll Free: 1-866-774-2220 (ext 3)**  
**E-Mail** [parkland@sport.mb.ca](mailto:parkland@sport.mb.ca)

Lorne Korol  
Program Coordinator - Sport Manitoba  
**Winnipeg Region**  
200 Main Street  
Winnipeg, MB R3C 4M2  
Office: 925-5904  
Fax: 925-5916  
**Toll Free: 1-866-774-2220 (ext 7)**  
**E-Mail** [lornekorol@sport.mb.ca](mailto:lornekorol@sport.mb.ca)

Shannon Schade  
Regional Manager- Sport Manitoba  
**Eastman Region**  
Box 50, 20-1<sup>st</sup> Street  
Beausejour, MB R0E 0C0  
Office: 268-2172  
Fax: 268-6070  
**Toll free: 1-866-774-2220 (ext 6)**  
**E-Mail** [eastman@sport.mb.ca](mailto:eastman@sport.mb.ca)

Jaymie Leary  
Regional Manager - Sport Manitoba  
**NORMAN REGION**  
Box 21 –59 Elizabeth Drive  
Thompson, Manitoba R8N 1X4  
Office: 778-3109  
Fax: 677-6862  
**Toll Free 1-866-774-220 (ext 8)**  
**E-mail** [jaymieleary@sport.mb.ca](mailto:jaymieleary@sport.mb.ca)

Leanne Traynor  
Regional Manager - Sport Manitoba  
**Westman Region**  
Room 146, 340 – 9<sup>th</sup> Street  
Brandon, MB R7A 6C2  
Office: 726-6072  
Fax: 726-6583  
**Toll Free: 1-866-774-2220 (ext 4)**  
**E-Mail** [westman@sport.mb.ca](mailto:westman@sport.mb.ca)

Amanda Daurie  
Regional Manager - Sport Manitoba  
**Winnipeg Region**  
200 Main Street  
Winnipeg, MB R3C 4M2  
Office: 925-5907  
Fax: 925-5916  
**Toll Free: 1-866-774-2220 (ext 7)**  
**E-Mail** [Winnipeg@sport.mb.ca](mailto:Winnipeg@sport.mb.ca)