



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: \_\_\_\_\_

1st year application

2nd 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



**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 \_\_\_\_\_

**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

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