

**COMMUNITY DEVELOPMENT GRANT APPLICATION FORMS**



**SPORT SPECIAL INITIATIVES GRANT**

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

Sport Associations/Clubs/Teams only:

Are you a registered member of the Provincial Sport Organization for this sport? Yes  No

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

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

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

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

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

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

**Project/Event Information**

Name of Project/Event/Program: \_\_\_\_\_

Other Project/Event/Program Partners: \_\_\_\_\_

Date of Project/Event/Program: \_\_\_\_\_

Location: \_\_\_\_\_ Total expected # of participants: \_\_\_\_\_

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

Participants Involved: Males  Females  Athletes  Coaches  Officials

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

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



**PROPOSED BUDGET SPECIAL INITIATIVES**

**(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 provide a detailed list)

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**POST EVENT REPORT SPECIAL INITIATIVES**

**Project/Event Information**

Name of Project/Event/Program: \_\_\_\_\_

Sport: \_\_\_\_\_ Date(s) Project/Event/Program \_\_\_\_\_ to \_\_\_\_\_

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

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**

<p>Office use only:</p> <p>Account # _____</p> <p>Approved: \$ _____</p> <p>PO# _____ Date: _____</p>
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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 provide a detailed list)

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REGIONAL SPORT CONTACT LIST

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