**SPORT MANITOBA REGIONAL SPORT DEVELOPMENT GRANTS**

**HOSTING AN ATHLETE CLINIC OR CAMP GRANT**

Sport Manitoba offers sport development grants that facilitate the development of athletes, coaches, officials and volunteers at the community level emphasizing training and skill development.

Sport Manitoba’s Regional Sport Development Grants Program is mainly focused around the impact that these grants will have at the Active Start, Fundamentals, Learning to Train, Training to Train and Training to Compete stages within the Sport For Life – Long-term Athlete Development framework.

Sport Manitoba Regional Offices are able to help our community sport partners with financial assistance to host athlete clinics or camps through our 2019-20 Regional Sport Development Grants Programs. Here is how we can help:

**WHAT TYPE OF EXPENSES ARE ELIGIBLE?**

* Clinician/coach honorariums/fees
* Facility rental
* Promotional expenses (posters, radio ads, etc.)
* Expendable equipment (e.g. Shuttle cocks for badminton clinic)

**ELGIBILITY REQUIRMENT:**

* Clinicians/coaches must be certified or recognized by their Provincial Sport Organization.

**HOW MUCH ASSISTANCE IS AVAILABLE?**

* 25/75 cost share between the sport partner and Sport Manitoba.
* Up to a maximum of $1,500.

**HOW AND WHEN DO I APPLY?**

* Visit Sport Manitoba online at [www.sportmanitoba.ca](http://www.sportmanitoba.ca) to complete an application online or to download the application form. The application form must be sent to your Regional Sport Development Officer.
* The application form, including a proposed budget, must be completed, reviewed and pre-approved prior to attending the event. You will be asked to submit a post event report upon the completion of the event. If you have already started the event, please contact your Regional Office to see if funding is still available.

**NOTES**

* Prior to submitting your application, please read **Grant Eligibility Criteria and Funding Procedures**.
* Eligibility does not ensure assistance.
* Preference will be given to groups who will be offering a program following the clinic.

**QUESTIONS?**

Contact your local Sport Manitoba Regional Sport Development Officer to discuss your sport opportunity and any questions regarding the application process.

Unsuccessful applicants may appeal by writing a letter to the Regional Sport Development Manager, Sport Manitoba, 145 Pacific Ave, Winnipeg Manitoba, R3B 2Z6 stating their rationale.

*Sport Manitoba has a privacy policy that protects personal information. Any personal information requested on this application will only be used for the administration of Sport Manitoba Regional Sport Development Grant Program. Applicable information including region, sport, level of certification and total grant amount may be provided publicly for reporting purposes.*

**SPORT MANITOBA REGIONAL SPORT DEVELOPMENT GRANT**

**HOSTING AN ATHLETE CLINIC OR CAMP APPLICATION FORM**

**Notes:**

* Prior to submitting your application, please read **Grant Eligibility Criteria and Funding Procedures**.
* Eligibility does not ensure assistance.
* Applications must be completed, signed and submitted prior to the program start date.
	+ Applications will be reviewed and a pre-approval letter will be sent to the host along with a copy of the post-event report form.
	+ Following the completion of the event, the post event report must be completed with four (4) weeks to secure funding. If you will be unable to submit your post event report by then, please let your Regional Sport Manitoba Office know.

**Host Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name:** |       | **Sport:** |       |
| **Contact Name:** |       | **Position:** |       |
| **Mailing Address:** |       | **Town:** |       | **Postal Code:** |       |
| **Phone:** | **(H):** |       | **(W):** |       | **(C):** |       |
| **E-mail:** |       | **Fax:** |       |
| **Are you a registered member of the Provincial Sport Organization (PSO) for this sport?** | **[ ]  Yes** | **[ ]  No** |
| **If No, do you intend on becoming a registered member of your PSO in the future?** | **[ ]  Yes** | **[ ]  No** |
| **If No, please indicate rationale for the decision:** |       |
| **Have you consulted with your PSO regarding the event/program?** | **[ ]  Yes** | **[ ]  No** |
| **Signature:** |       | **Date:** |       |

**Sport Program Information:**

|  |  |
| --- | --- |
| **Name of Sport Program:** |       |
| **Program Partners:** |       |
| **Date(s):** |       |
| **Location:** |       |
| **Anticipated Participating Communities:** |       |
| **Anticipated # of Male Participants:** |       | **Anticipated # of Female Participants:** |       |

**Clinicians/Instructors Information - Please include all clinic/camp instructors/clinicians:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Sport:** | **Level of Certification:** | **Phone Number:** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| **Indicate all stages of the Sport For Life – Long-term Athlete Development framework to be included:** |
| **[ ]** Active Start (Girls & Boys: Up to age 6)[ ]  FUNdamentals (Girls: 6-8 & Boys: 6-9)[ ]  Learning to Train (Girls: 8-11 & Boys: 9-12) | **[ ]** Training to Train (Girls: 11-15 & Boys: 12-16)[ ]  Training to Compete (Girls : 15-21+ & Boys: 16-23+) |

***Budget on Next Page***

**SPORT MANITOBA REGIONAL SPORT DEVELOPMENT GRANTS**

**HOSTING AN ATHLETE CLINIC OR CAMP – PROPOSED BUDGET**

**PROJECT REVENUE**

|  |  |
| --- | --- |
| **ITEM DESCRIPTION:** | **PROJECTED** |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
| **TOTAL REVENUE:** | **$**      |

**PROJECT EXPENSES**

|  |  |
| --- | --- |
| **ITEM DESCRIPTION:** | **PROJECTED** |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
|       | **$**      |
| **TOTAL EXPENSES:** | **$**      |

|  |  |
| --- | --- |
| **BALANCE** (Revenue minus Expenses): | **$**      |

|  |  |
| --- | --- |
| **GRANT AMOUNT REQUESTED (75% Maximum):** | **$**      |