

Application Form for Communities/Organizations

Aboriginal Community Sport Development Grant

CONTACT INFORMATION

| | | | | | |
|----------------------------------------|--|---------------------------------------|---------------|----------------|--|
| Name of Community/Organization: | | | | | |
| Non Profit #: | | Grant #: (for office use only) | | | |
| Contact Person: | | | Title: | | |
| Address: | | City: | | Postal: | |
| Phone: | | Fax: | | Email: | |
| Alternate Contact: | | | Title: | | |
| Address: | | City: | | Postal: | |
| Phone: | | Fax: | | Email: | |

PROGRAM GRANT INFORMATION

| | | | | |
|-------------------------------------------------------------------------------|--------------------|----|--------------------------------------------------------------------|--------|
| Sport Program: (i.e. name of sport) | | | Amount Requested: | |
| Program Location(s): | | | | |
| Have you received ACSD grant funding for this program in prior years : | Yes | No | If you answered yes in the previous, how much was received? | |
| Program Start & End Dates: | Start Date: | | Will the program continue after grant funding is used? | Yes No |
| | End Date: | | | |

UNDERSTANDING NEEDS AND DETERMINING PRIORITIES

(Step 1 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|-------------------|--|
| IDENTIFY THE CHILDREN AND YOUTH IN YOUR COMMUNITY | | | | |
| How many children and youth does your entire community have in each stage of LTAD? (please insert the number beside the following) | | | | |
| Active Start: | Male (0-6yrs) | | Female (0-6yrs) | |
| Fundamentals: | Male (6-9yrs) | | Female (6-8yrs) | |
| Learning to Train: | Male (9-12yrs) | | Female (8-12yrs) | |
| Training to Train | Male (12-16yrs) | | Female (11-15yrs) | |
| IDENTIFY YOUR COMMUNITY'S ASSETS AND STRENGTHS | | | | |
| In what sport programs do the children and youth in your community currently participate: | | | | |
| Sport | Gender | Age | Season | |
| | | | | |
| | | | | |
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| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| What types of support do you currently have in your community to help in the creating structured sport programs: | |
| | |
| IDENTIFYING THE GAPS | |
| Looking at the population of children and youth in the first question, what age group would benefit the most from additional sport programming? Why? | |
| | |
| Looking at the population of children and youth in the first question, what gender(s) would benefit the most from additional sport programming? Why? | |
| | |
| Is your community using all the supports and/or the resources available? | |
| | |
| WHAT ARE THE BARRIERS THAT PREVENT CHILDREN AND YOUTH IN YOUR COMMUNITY FROM PARTICIPATING IN SPORT | |
| Barriers: (Please select below) | How can they be addressed? (please describe) |
| <input type="checkbox"/> Cost | |
| <input type="checkbox"/> Transportation | |
| <input type="checkbox"/> Access (facilities/Equipment) | |
| <input type="checkbox"/> Participants require necessary skill | |
| <input type="checkbox"/> Disability | |
| <input type="checkbox"/> No one to go with | |
| <input type="checkbox"/> Other: | |
| Please list potential sport: | How was this sport identified as a need: |
| | |
| | |
| What are the top three barriers children and youth in your community struggle with? (please list below) | |
| 1) | |
| 2) | |
| 3) | |

Please list the top three benefits that you believe would help children and youth of your community deal with the barriers, and describe why they are important for your community:

| Benefit | Why is this benefit important to your community? |
|---------|--------------------------------------------------|
| | |
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| | |

COMMUNITY VISION OF SPORT

What is your organizations vision for sport in your community? What do you want it to look like? (please describe below)

CREATE A LIST OF SPORT PROGRAM IDEAS AND SET YOUR SPORT PROGRAM PRIORITIES

| Sport | Age | Gender | Stage of LTAD | Season | Priority (Rank after creating the list) |
|------------------------------|-------------|---------------|--------------------------|--------------------|--------------------------------------------|
| <i>Example: Table Tennis</i> | <i>8-11</i> | <i>Female</i> | <i>Learning to Train</i> | <i>Fall/Winter</i> | <i>1</i> |
| | | | | | |
| | | | | | |
| | | | | | |
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DESIGNING YOUR SPORT PROGRAM

(Step 2 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)

SUPPORT NEEDED

Is the sport program new or existing? (please check)

New sport program OR Existing sport which will be further developed: (explain)

ADDRESSING PRIORITIES

Which of the following planning initiatives were key to determining this program as a priority initiative for Aboriginal people within the community: (please check)

- Improving the education, health, and/or well-being of Aboriginal children, youth and families by decreasing barriers to sport activities
- By actively involving those to whom the programs and services were to be provided in the development, management and delivery of the programs
- By addressing community-identified needs
- Demonstrating cultural sensitivity, reflecting input of the community
- By integrating and coordinating with other community programs and services of a similar nature
- To strive for sustainability to ensure a long lasting impact for community
- Other (please explain)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------|
| What partners have you identified to support the sport program? | | |
| | | |
| PARTICIPANTS | | |
| Using the data from the answers in Step 1, please check who the sport program going to support: | | |
| <input type="checkbox"/> Both males and females <input type="checkbox"/> Males <input type="checkbox"/> Females | | |
| What age(s) are the participants: | | How many participants will be involved: |
| How will your program recruit participants? (please describe below) | | |
| | | |
| DEVELOPMENTALLY APPROPRIATE SPORT | | |
| What stage of the Long Term Athlete Development Model will your community implement to meet the needs and priorities of children and youth in your selected sport? (please check the appropriate box below) | | |
| <input type="checkbox"/> Active Start <input type="checkbox"/> Fundamentals <input type="checkbox"/> Learning to Train <input type="checkbox"/> Training to Train | | |
| What do you need to do in order to provide the sport program at this stage? | | |
| | | |
| SEASON/PRACTICES | | |
| During what months will the program run: | | How many weeks will the program run? |
| How many times per week will the team practice? | | |
| LEAGUES AND COMPETITIONS | | |
| Will the sport program be part of a league, if so which one? | | |
| | | |
| Will the team the team participate in competitions, if so how many and where? (please list) | | |
| Competition | Date | Location |
| | | |
| | | |
| | | |
| | | |

| FACILITY | | |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Where will the team practice? (please list below) | | Is the facility free: |
| | | Yes No |
| | | Yes No |
| | | Yes No |
| | | Yes No |
| COACHES | | |
| How will your program recruit Coaches? (please explain) | Number of Coaches required? (please provide number below) | Is training required for Coaches? |
| | | Yes No |
| OFFICIALS | | |
| How will your program recruit Officials? (please explain) | Number of Officials required? (please provide number below) | Is training required for the Officials? |
| | | Yes No |
| PEOPLE TO HELP OUT | | |
| How many people will you need to help out with the program? | How will your program recruit people to help you? (please explain) | Will any training be required to ensure that the people helping you are supported? (Please list potential training support) Note: please refer to the planning toolkit on training available |
| | | |
| SAFETY | | |
| What measures will you take or have taken to ensure the safety of the participants? (please explain below) | | |
| | | |
| Do you have liability insurance? | Yes No | If you answered no in the previous questions, please indicate how you will get insurance: |
| | | |
| NUTRITION AND HEALTH | | |
| What will the community do to encourage healthy eating and healthy living? | | |
| | | |
| EQUIPMENT | | |
| What equipment will be needed to run the program? (please list) | Does the community already own this equipment? | What equipment will have to be purchased? (please list) |
| | Yes No | |
| | Yes No | |
| | Yes No | |
| | Yes No | |

| TRANSPORTATION | | |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| How will the participants get to practices, games, etc? (please list) | Please list the organizations vans, buses, etc. to transport the participants: | If transportation is needed, do you have volunteers to transport the participants? (please explain) |
| | | |
| | | |
| | | |

DELIVERING YOUR SPORT PROGRAM

(Step 3 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)

| SUPPORT NEEDED | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| In the previous step you were able to identify who can help you with your sport program, please list who will support you to deliver your sport program: | |
| 1) | 5) |
| 2) | 6) |
| 3) | 7) |
| 4) | 8) |
| Identify below the role for each person listed above will have in the sport program: | |
| Person | Responsibility |
| | |
| | |
| | |
| | |

| PARENTS AND CAREGIVERS |
|---------------------------------------------------------------------------------------------------------------------------------|
| How will your sport program involve the parents, family members, or caregivers? (please explain) |
| |
| How will your sport program keep parents informed? |
| |
| How will your sport program ensure parents are aware of fair play and how to be positive sport parents? (please explain) |
| |

| RECORD KEEPING |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| How will you keep records on your sport program? (i.e. attendance/participation, code of conduct forms, incident/accident reports) |
| |

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|---------|-------|
| RECOGNITION AND CELEBRATING SUCCESS | | | | |
| How will you recognize your athletes, coaches, volunteers, etc and celebrate your community sport success? | | | | |
| | | | | |
| FUNDING ACKNOWLEDGEMENT | | | | |
| How will you promote this program and publicly acknowledge Saskatchewan Lotteries as the source of funding for your program? (please check below) | | | | |
| posters | newsletter | newspaper | banners | radio |
| TV | speeches | word of mouth | other: | |

BUDGET SUMMARY

Note: This budget summary will be the same used for the follow-up submission.

| Income | Amount | Follow-up Actual |
|------------------------------------------------------------------------------|---------------|-------------------------|
| Aboriginal Community Sport Grant Program | \$ | \$ |
| Fundraising | \$ | \$ |
| Cash Donations/sponsorships | \$ | \$ |
| In-kind contributions (non-cash – please list) | \$ | \$ |
| Other sources (please list from Table 1 below) | | |
| 1. | \$ | \$ |
| 2. | \$ | \$ |
| 3. | \$ | \$ |
| Total Income | \$ | \$ |
| Expenditures <i>(identify in-kind expenditures with an asterisk*)</i> | Amount | Follow-up Actual |
| Facilities | \$ | \$ |
| Equipment Costs | \$ | \$ |
| Travel costs | \$ | \$ |
| Training/Development Costs | \$ | \$ |
| Other direct related expenditures: (please list) | | |
| 1. | \$ | \$ |
| 2. | \$ | \$ |
| 3. | \$ | \$ |
| 4. | \$ | \$ |
| 5. | \$ | \$ |
| Total expenditures | \$ | \$ |
| Surplus/deficit without the Community Sport Grant funding | \$ | \$ |
| Requested Grant Amount | \$ | \$ |

INFORMATION CERTIFICATION

I hereby certify that the information contained in this application is accurate and complete.

Authorized Signature of Community Applicant

Position

Print Name

Date

Please send completed application to:

Aboriginal Community Sport Grant Program

Checklist

- Complete application
- Two letters of support from community leaders
(i.e. school administrator, town administrator, minor sport organization president, recreation board chair, or community elected official (Chief or Mayor))
- Complete budget summary in detail



Community
Initiatives
Fund



Canadian
Heritage

Patrimoine
canadien