

INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

2020



INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

CONTACT INFORMATION

Date:

Name of Communi	ty/Organization:						
Cheque Payable to							
Non Profit #:		Grant #: (off		(office	e use only)		
Contact Person:		Title:					
Address:		City:			F	Postal Code:	
Phone:		Email:					
Alternate Contact:			-	Title:			
Address:		City:			F	Postal Code:	
Phone:		Email:					
Administrative Cor	ntact: (e.g. Finance)						
Email:							
LETTERS OF SUPPORT (Two letters of support must be included with application)							
From:			Contact:				
From:			Con	itact:			
PROGRAM INFORMATION							
Sport Program:	ort Program:		Αı	mount R	Reque	sted:	
Brief Summary of sport program:							
Start Date:	End Date:						
Is your program linked to an existing club		o or leagu	ıe?		Yes	No	
If no in previous please explain:							

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

		g? (please cl	ieck)		
New sport program	<u>OR</u>				
Existing sport which	will be furth	ner developed	l: (explain below)		
OMMUNITY VISON OF SI	PORT				
What is your organization	ns vision f	or sport in y	our community?	What do you wan	t it to look like?
(please describe below)		, ,	•	j	
CREATE A LIST OF SPOR	T PROGRA	AMS CURRE	NTLY IN YOUR O	COMMUNITY	
	T PROGRA	AMS CURRE	NTLY IN YOUR (COMMUNITY	Coach Contact #
Sport					Coach Contact #
Sport	Age	Gender	Season	Coach	
Sport	Age	Gender	Season	Coach	
Sport	Age	Gender	Season	Coach	
Sport	Age	Gender	Season	Coach	
Sport	Age	Gender	Season	Coach	
Sport Example: Table Tennis What types of support an	Age 8-11	Gender Female	Season Fall/Winter	Coach Joe Smith	000-000-0000
Sport Example: Table Tennis What types of support and development program?	Age 8-11	Gender Female	Season Fall/Winter	Coach Joe Smith	000-000-0000
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What are the barriers that prevent children and youth in your community from participating in sport, how can they be addressed by this program? (examples)					
Please prioritize your barriers	How can these be addressed by your program?				
How was this sport identified as a	need?				
	CETE AND CEDENCEUS				
IDENTIFY YOUR COMMUNITY'S AS	SEIS AND STRENGTHS				
Please list the top three benefits th	at you believe would help children and youth of your community why they are important for your community:				
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Please list the top three benefits the deal with the barriers, and describe	at you believe would help children and youth of your community e why they are important for your community:				
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Please list the top three benefits the deal with the barriers, and describe Benefit	at you believe would help children and youth of your community why they are important for your community: Why is this benefit important to your community?				
Please list the top three benefits the deal with the barriers, and describe Benefit What partners have you identified	at you believe would help children and youth of your community why they are important for your community: Why is this benefit important to your community?				

PARTICIPANTS

Using the data from the answers in Step 1, please check who the sport program going to support:						
Both males and females	Males	Females				
What age(s) are the participants:		How many participants will be involved:				
How will your program recruit parti	icipants? (please	describe below)				
DEVELOPMENTALLY APPROPRIAT	E SPORT					
What stage of the Long-Term Athle needs and priorities of children and			community implement to meet the (please check the appropriate box below)			
Active Start (learn fundament	al movement thro	ugh play-based a	activities)			
Fundamentals (continue to bu		. ,	,			
	pmentally ready t		neral sport skills that are the building			
Training to Train (consolidate sport skills)						
What do you need to do in order to deliver the program? (trained coaches, league play, skills camps)						
SPORTS TIMELINE						
LEAGUES AND COMPETITIONS (COVID-19 restrictions apply)						
Will the sport program be part of a league, if so which one?						
Will the team participate in competitions/league, if so how many and where? (please list)						
Competition/League	Date		Location			

FACILITY

Where will the team practice? (please list below)	Is the facility free?
	Yes No
	Yes No
	Yes No

COACHES

Are your coaches already certified?	Yes	No	
Will you require a coaching clinic?	Yes	No	

OFFICIALS

Do you need officials?	Yes	No
Will you require officials clinic?	Yes	No

VOLUNTEERS

EQUIPMENT

What Equipment will be needed to run the program? (please list)	Does the Community already own this equipment?		What equipment will need to be purchased? (please list)
	Yes	No	

TRANSPORTATION

How will the participants get to pra-	ctices, games, et	c? (please list	:)	
Please list the organizations vans, I	buses, etc. to trai	nsport the pa	rticipants:	
If transportation is needed, do you loo volunteers have insurance?	have volunteers t	o transport tl	he participants'	? (please explain)
SAFETY - COVID-19 RETURN TO S	SPORT			
What measures will you take or have	ve taken to ensur	e the safety o	of the participar	nts? (please explain)
Have you read the sports RETURN (eg: Sask Soccer, Sask Hockey, etc)		nes?	Yes	No
If no, do you need a copy from you	r District?	Yes	No	
Do you have Liability Insurance?	Yes	No		
If you answered no in the previous	question, please	indicate how	you will get ins	surance.
NUTRITION AND HEALTH				
Will nutrition be provided with you It is recommended to promote hea		ealthy living	(water_fruit/po	smoking or vaning)
it to recommended to promote near	iniy caning and ir	Janus Hvilly.	(water, iruit/10	omoning of vapilig)

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: (only answer what applies)
Coach -
Manager -
Main Official -
Transportation Driver -
Community Leader (Principal, Councilor) -
Helper/Volunteer -
Helper/Volunteer -
Other -
PARENTS AND CAREGIVERS

How will your program involve and communicate with parents/caregivers? (parent meeting, respect in sport)

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 Sask Lotteries as the source of funding for your program? (please check below)

Posters Newsletter Social Media (Facebook) Radio Annual Report

TV Speeches Word of mouth Other:

BUDGET SUMMARY

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

INCOME	Budgeted Amount	Follow-up Actual
Indigenous Community Sport Development Grant	\$	\$
Fundraising	\$	\$
Cash Donations/Sponsorships	\$	\$
In-kind contributions (non-cash – please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
Other sources (please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL INCOME	\$	\$
EXPENDITURES: (identify in-kind expenditures with an asterisk*)	Amount	Follow-up Actual
Facilities (gym/arena usage)	\$	\$
Equipment Costs	\$	\$
Travel costs (fuel costs)	\$	\$
Athlete Training/Development Cost	\$	\$
Food/Nutrition: (max 10%)	\$	\$
Registration Fees	\$	\$
Safety/PPE	\$	\$
Other direct related expenditures (please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL EXPENDITURES	\$	\$
Surplus/deficit without Indigenous Community Sport Grant funding	\$	\$
Requested Grant Amount	\$	\$

INFORMATION CERTIFICATION

I hereby certify that the information contained in this application is accurate and complete. Which include a completed application form, 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) and completed budget summary in detail. Authorized Signature of Community Applicant Position Print Name Date PLEASE SEND COMPLETED APPLICATION TO: **Indigenous Community Sport Development Grant Program**

CHECKLIST

Ш	Completed Application Form
	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))
	Completed budget summary in detail





