

# ADAPTIVE SPORT CLUB DEVELOPMENT GRANT APPLICATION FORM May 2022



## ADAPTIVE SPORT CLUB DEVELOPMENT GRANT APPLICATION FORM

Application Deadlines: Clubs must submit applications to PSO's and Districts by March 22 and/or September 22 annually. PSO's must submit applications to Sask Sport by April 1 and/or October 1 annually.

CONTACT INFORMATION								
Provincial Sport Organization/District:								
Contact Person:					Position:			
Address:				City:		Postal Code:		
Phone:				Email:			•	
PSO/District Fisca	al Year:			1				
			I					
Club or Commun	nity (if appli	cable):						
Contact Person:					Position:			
Address:				City:		Postal Code:		
Phone:				Email:				
Website:								
PROGRAM IN	FORMAT	ION						
Type of application (please select one): Provincial Program Community Program								
Program Name:								
What sport(s) will this program involve?								
What is the grant amount being requested?								
Have you received an Adaptive Sport Club Development Grant for this program in prior years? Yes No								
If yes, what year(s)?  Amount Received:								
Have you applied for funding assistance from any other source? Yes No								
Please explain your answer:								
Indicate the type of	of program:	Nev	v program	Enhance	ement to existing pr	ogram		

If the program is a program to create category, etc.)	n enhanceme additional op	ent to an existin portunities for p	ig program, plea beople with a di	se explain how y sability to participa	ou plan to revise ate? (Joining a le	the existing eague, new age
Please outline wh	at the grant w	rill be used for?	(Facility rental,	coach training, a	dvertising and pr	omotion, etc.)
Describe the prog sport:	ram and expl	ain how it will in	ocrease opportu	nities for persons	with a disability	to participate in
Program Dates:	Start:	T		End:		
Number of Weeks	:: 	Program Time	es:			
Location(s):						

How many qualified coaches/instructors are involved in the p	orogram?			
Indicate the age group(s) your program will be targeting:	Under 12	13-18	19-54 55 +	
Estimate how many people will participate in your program:	Male:	Female:	Total:	
Who is your target audience? (check all that apply)				
Athletes with a cognitive impairment				
Athletes with a physical disability				
Athletes with a vision impairment				
Athletes with a hearing impairment				
Other: (please explain)				
Which communities/towns have participants that will benefit	from your prog	ramming?		
What percentage of your program's participants do you anticipate will be individuals who have voluntarily declared they have a disability?				
What percentage of your program's participants do you anticipate will be individuals who have voluntarily declared to be of Indigenous descent?				
The following elements support programming and increase the sustainability of a sport program over the long term. By providing information about the following elements the Adaptive Sport Advisory Committee will gain a better understanding of the program.				
Will there be training/certification offered to the coaches/instr	ructors? Y	es No		
Please explain your answer:				
Will you incorporate Sport Science education or presentations into your program (nutrition, mental training, training/fitness programs, etc.)? Yes No				
Please explain your answer:				
, ,				

Will you incorporate official's training/recruitment in your program?  Please explain your answer:	Yes	No		
Will you incorporate volunteer training/recruitment in your program?  Please explain your answer:	Yes	No		
Will you be partnering with any other group, community or organization Please explain your answer:	on to offer th	nis program?	Yes	No
How will you know if your program is successful? (eg. member survey	y, number c	of members, co	ompetition r	esults)
Other comments:				

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Please outline all anticipated program revenues and expenses. **Please ensure the budget is balanced** and includes your spending plan for the fiscal year that you are requesting the grant.

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REVENUES	AMOUNT
Amount Requested from Adaptive Sport Club Development Grant	
Amount Requested from Adaptive Sport Equipment Grant	
Other Grants	
Sponsorship or Donations	
Registration Fees	
Other (please list)	
Total Revenues	
EXPENSES	
Facility Rental	
Coaches or Officials/Instruction Expenses	
Coaches or Officials Training Expenses	
Equipment (traditional)	
Equipment (adapted)	
Sport Science Presentations	
Other (please list)	
Total Expenses	
	Т
TOTAL REVENUE (DEFICIT) FOR PROGRAM	

#### ADDITIONAL INFORMATION

Please attach any additional information you may have on your program such as registration forms, brochures or advertisements with this application.

#### **APPLICATION CHECKLIST**

Before submitting the application, we recommend that your organization complete the following checklist to ensure your application is ready for submission.

I have read the Program Guidelines for the Adaptive Sport Club Development Grant.

I have submitted a balanced budget.

The application will be submitted prior to the start date of the program or activity.

I have attached additional information (i.e. registration forms, brochures, advertisements).

#### **DECLARATION**

On behalf of our organization, I hereby agree that the terms and conditions outlined in the Guidelines have been adhered to and that the information presented in this application is correct and true.

I acknowledge that if this application is approved, I will be required to enter into a legally binding letter of agreement with the Sask Lotteries Trust Fund which will detail the terms and conditions of the grant.

PSO/District Signing Authority	Club or Community Signing Authority (if applicable)	
Name:	Name:	
Title:	Title:	
Date:	Date:	
Signature:	Signature:	

### ADAPTIVE SPORT CLUB DEVELOPMENT GRANT APPLICATION FORM AND ALL SUPPORTING DOCUMENTS MUST BE SUBMITTED TO:

Joelle Buckle, Sask Sport 510 Cynthia Street, Saskatoon, SK S7L 7K7

jbuckle@sasksport.ca

Phone: 306.975.0893 • Fax: 306.242.8007