



SASK SPORT

ADAPTIVE SPORT CLUB DEVELOPMENT GRANT APPLICATION FORM

September 2020



FUNDED BY



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 Fiscal Year:					

Club or Community (if applicable):					
Contact Person:				Position:	
Address:			City:	Postal Code:	
Phone:			Email:		
Website:					

PROGRAM INFORMATION		
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 program: New program Enhancement to existing program		

If the program is an enhancement to an existing program, please explain how you plan to revise the existing program to create additional opportunities for people with a disability to participate? (Joining a league, new age category, etc.)

Please outline what the grant will be used for? (Registration fees, facility rental, coach training, advertising and promotion, etc.)

Describe the program and explain how it will increase opportunities for persons with a disability to participate in sport:

Program Dates:

Start:

End:

Number of Weeks:

Program Times:

Location(s):

How many qualified coaches/instructors are involved in the program?			
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) <input type="checkbox"/> Athletes with a cognitive impairment <input type="checkbox"/> Athletes with a physical disability <input type="checkbox"/> Athletes with a vision impairment <input type="checkbox"/> Athletes with a hearing impairment <input type="checkbox"/> Other: (please explain)			
Which communities/towns have participants that will benefit from your programming?			
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/instructors? Yes 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 to offer this program? Please explain your answer:	Yes	No
How will you know if your program is successful? (eg. member survey, number of members, competition results)		
Other comments:		

FINANCIAL INFORMATION	
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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.

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	

TOTAL REVENUE (DEFICIT) FOR PROGRAM	
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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
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