

ADAPTIVE SPORT EQUIPMENT GRANT FOLLOW-UP FORM

September 2020



ADAPTIVE SPORT EQUIPMENT GRANT FOLLOW-UP FORM

CONTACT INF	FORMATION					
Provincial Sport	Organization/Distri	ct:				
Contact Person:					Position:	
Address:				City:		Postal Code:
Phone:				Email:		
Club or Commun	nity (if applicable):					
Contact Person:	, (аррисано).				Position:	
Address:				City:		Postal Code:
Phone:				Email:		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Website:						
GRANT INFO	RMATION					
Grant Number:				Grant Amount Received: \$		
Grant Period:						
EQUIPMENT I	NFORMATION					
	type of equipment that	was purc	hased)			
Technical Name of	of Equipment:			1		
Total Cost of Equ	ipment:			No. o	of units purchased	:
Technical Name of	of Equipment:					
Total Cost of Equ	ipment:			No. of units purchased:		
Technical Name of	of Equipment			·		
Technical Name of Equipment: Total Cost of Equipment:			No. o	No. of units purchased:		
. 3.4. 330. 0. 244				1.40.	paronadou	•
Technical Name of	of Equipment:					
Total Cost of Equipment: No. of units purchase			of units purchased	:		
Technical Name of	of Equipment:					
Total Cost of Equipment:			No. o	of units purchased	:	

PROGRAM IN	FORMATION			
Program Name:				
Program Dates:	Start:			End:
Number of Weeks	:	Program Times:	•	
Location(s):				
What sport(s) did	your program invo	lve?		
Cost of Equipmen	t: \$			
Please provide a	description of the p	program, the frequency o	f practi	tices and games, tournaments, highlights, etc.
	DELOID AND S	UNANA DV		
	ARTICIPANT SI			
A person may be inc	Number of	Number of		ale with a disability who is of Indigenous ancestry. The proof Athletes Number of Athletes

A person may be included in up to 3 of the 4 columns - eg. A 12 year old female with a disability who is of Indigenous ancestry.					
	Number of Male Athletes	Number of Female Athletes	Number of Athletes with a Disability (Voluntary Declaration)	Number of Athletes of Indigenous ancestry (Voluntary Declaration)	
Under 12					
13 - 18					
19 - 54					
55+					
TOTALS					

Why is this Adaptive Sport E program to the participants	Equipment Grant importan (observations, testimonials	t to your club and progr s and/or quotes):	am? Explain the benefit o	of this
Was there training, certificat	tion, or skill development of	opportunities offered to	the following:	
	,		9	
O,				
<u> </u>	Was training offered	Number Trained	Level(s) of Training	
Coaches	Was training offered Yes	Number Trained	Level(s) of Training	
		Number Trained	Level(s) of Training	
Coaches Officials	Yes Yes	Number Trained	Level(s) of Training	
Coaches	Yes	Number Trained	Level(s) of Training	
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			
Coaches Officials Volunteers	Yes Yes Yes			

Were there any opportunities for sport science presentations during the program? Yes No
Which area(s) did you provide sport science training:
Nutrition
Strength Conditioning
Mental Training
Other:
Did your program meet its outcomes (qualitative and quantitative)? Please reference your application to review your programs initial goals and objectives.

FINANCIAL INFORMATION	
Please outline all program revenues and expenses:	
REVENUES	AMOUNT
Amount Requested from Adaptive Sport Equipment Grant	
Amount Requested from Adaptive Sport Club Development 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	
	T
TOTAL REVENUE (DEFICIT) FOR PROGRAM	

ADDITIONAL INFORMATION

Please attach as much supportive information as possible. Such as photographs of the participants in the program, quotes from the people who participated, and/or copies of the evaluations forms from the following stakeholders:

- Participants
- Parents and/or Caregivers
- Coaches/Leaders
- PSO/District and/or Club

FOLLOW-UP CHECKLIST

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

I have attached copies of the manufacturer's invoice(s) verifying the purchase and actual cost of equipment.

I have attached copies of copies of the evaluations forms from the following stakeholders:

- Participants
- Parents and/or Caregivers
- Coaches/Leaders
- PSO/District and/or Club

I have attached additional information (i.e. photographs, quotes, evaluation forms)

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 Follow-Up Report is correct and true.

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

ADAPTIVE SPORT EQUIPMENT GRANT FOLLOW-UP FORM AND SUPPORTING DOCUMENTATION 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

APPENDIX A

Please take the time to complete an evaluations form for the Adaptive Sport program in which you participated. This information will be used to help make improvements to programming as well as provide support for the Adaptive Sport programs funded by the Sask Lotteries Trust Fund.

COACH Evaluation Form

PS	O Name:					
Clı	ub Name:					
Cc	ommunity:					
Sp	ort:					
1.	At the beginning of what core values			ork with players	and parents to de	etermine
	1	2	3	4	5	
	(Strongly Disagre	e)		(Stror	ngly Agree)	
2.	I received coach	training specifi	ic to working wit	h athletes with a	a disability in this	sport
	1	2	3	4	5	
3.	I felt prepared to goals – both perfo	ormance and c	-	•		eet their
	1	2	3	4	5	
4.	I was able to find importance of each				nd emphasized th	ne value and
	1	2	3	4	5	
5.	Throughout the s		ble to find ways	to challenge atl	nletes to develop	their
	1	2	3	4	5	
6.	Throughout the s character.	eason I was a	ble to find ways	to challenge atl	nletes to develop	their moral
	1	2	3	4	5	
7.	I felt supported by	y my PSO (spo	ort) to develop n	ny coaching skil	ls.	
	1	2	3	4	5	
8.	Please outline an the future.	y barriers or k	ey resources th	at would help th	e success of the	program in

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P	PARENT/CARE	EGI'	VER	Eva	luat	ion	Form	
CI	ub Name:							
Sp	port:							
1.	There was enough equipme	nt for a	all particip	ants to b	e able t	o learn a	at the same t	ime.
	1 2 (Strongly Disagree)		3		4	(Stro	5 ongly Agree)	
2.	All participants have the spo	rt equi	pment of	suitable	size and	d weight	for their size	and strength.
	1 2		3		4		5	
3.	The sport coaches/leaders	made l	earning th	ne sport	fun for th	ne partic	ipants.	
	1 2		3		4		5	
4.	The coaches/leaders empha	asize le	earning a	nd skill d	evelopm	nent for a	all participan	ts.
	1 2		3		4		5	
5.	My child has developed the	followi	ng skills t	:hrough p	oarticipa	tion in th	ne program:	
	 Self-confidence 	1	2	3	4	5		
	 Social skills 	1	2	3	4	5		
	 Communication skills 	1	2	3	4	5		
	 Sport skills 	1	2	3	4	5		
	 Decision making skills 	1	2	3	4	5		
	 Improved fitness 	1	2	3	4	5		
6.	I would recommend to othe program:	r parer	nts and/oi	caregiv	ers that	their chi	ld participate	in this
	1 2		3		4		5	
7.	Please list any suggestions	or con	nments yo	ou have a	as feedb	ack to ir	nprove this p	orogram:

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DADTICIDANT (ADIII T) Evaluation Form

r	ARTICIPANT (ADUL	. 1) [Evaluation	on Form
Atl	nlete Name:			
Cli	ub Name:			
Sp	ort:			
1.	What are the top 3 reasons you play you	r sport?		
2.	I participate in sports or physical activity			
	less than 1 x a week 1 - 2 til	mes	3 - 4 times	5 or more
3.	This year did your coach(es)		Comment	:S
	Help you develop your skills	Yes	No	
	Help you develop physically	Yes	No	
	Teach you team play and strategies	Yes	No	
4.	Were the coaches:			
	Organized	Yes	No	
	Good teachers	Yes	No	
	Knowledgeable about the game	Yes	No	
5.	What did you like best about this season			
6.	What did you like the least about this sea	son		

Do you have any suggestions for improving this sport program (practices, games, coaches, etc.)?

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PARTICIPANT (YOUTH) Evaluation Form

Ath	nlete Name:					
Clu	ub Name:					
Sp	ort:					
1.	I am better at play	ing my sport	than I was at th	e start of the seas	son.	
	1 (Strongly Disagree	2 e)	3	4 (Stror	5 ngly Agree)	
2.	I participate in spo	orts or physic	al activity			
	less than 1	x a week	1 - 2 times	3 - 4 times	5 or more	
3.	Being involved in	sport has he	lped me be heal	thy:		
	1	2	3	4	5	
4.	I had fun playing t	this sport?				
	1	2	3	4	5	
5.	I met new friends	playing this	sport:			
	1	2	3	4	5	
6.	I would like to try	playing more	sports or try oth	er physical activit	ies.	
	1	2	3	4	5	
7.	Please tell us any	thing else yo	ou would like to s	ee in this sport pr	ogram to make it b	etter for

next season.

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PSO Evaluation Form

PSO Name:

Clu	ub Name:
Со	mmunity:
Sp	ort:
1.	How has communication and partnership between the Provincial Sport Organization and the sport club changed during the delivery of the program?
2.	Describe the impact of community partnerships on the delivery of the program:
3.	Describe the impact on coaching at the community level through the delivery of the program.
4.	Describe how volunteer development has been impacted by the delivery of the program.
5.	What has the impact been on program opportunities for people with disabilities to become involved in sport?