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| **SECTION 1. Lead Applicant Information** |
|  |
| **1.a) Basic information** |
|  |
| Organization name: |   |
|  |
| Name of lead person or official making the request: |       |
|  |
| Name of president or chair of organization |       |
|  |
| Mailing Address: |       |
|  |
| Telephone number: |       | Fax #:  |       |   |
|  |
| Email: |       | Web site: |       |
|  |
|  |
| **1.b) About your organization.** |
|  |
| Type of organization? |
|  |
| **[ ]** **[ ]**  | Provincial Sport OrganisationLocal Sport / Multisport Organisation | **[ ]** **[ ]**  | MunicipalityOther non profit organisationSpecify :       |
|  |
|  |
| What is your organization’s mandate? Please describe.       |
|  |
| Does your organization have the following? Please check all that apply. |
| [ ] [ ] [ ]  | ConstitutionBylawsAbuse & Harassment/Screening Policy | [ ] [ ] [ ]  | IncorporationMember of provincial/national associationLong term organization plan (1-3 years) |
|  |
| When is your next annual general meeting (AGM)? |       |



**GO NB APPLICATION FORM**

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|  |
| Please indicate the approximate number of participants, instructors, officials and administrators registered with your organisation. |
|  | **Male** | **Female** | **Total** |
| Participants / athletes |       |       |       |
| Instructors / coaches |       |       |       |
| Officials  |       |       |       |
| Volunteers |       |       |       |
| **TOTAL** |  |  |  |

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| **SECTION 2. Project information** |

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| **2. a) Basic project information** |
| Name of project / activity |       |
|  |
| Date of project / activity: | Start date: |       | End date: |       |
|  |
| How many times per week? |       | Length of sessions: |       |
|  |
| Location of project / activity: (facility)  |       |
|  |
| Is this a new project / activity? activity? | [ ]  | Yes | [ ]  | No |
|  |
| Is this an existing project / activity which will be further developed? | [ ]  | Yes | [ ]  | No |
|  |
| If yes, please explain:       |
|  |
| Will you be using a recognized long-term athlete development program developed by a national organization?  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No |

 |  |  |  |  |
| What program will you be using?       |
|  |
| How will you support sustainability of participation once your project/activity is completed?  |
| [ ] [ ]  | Referral to other sport programsProvide more opportunities within existing organisation | [ ]  | OtherPlease explain:       |
|  |
|  |

|  |
| --- |
| **2. b) Project priority (Please select only ONE area of focus)**  |
| **[ ]** **[ ]** **[ ]** **[ ]**  | **Active Start Stage (0-6)** At this age, physical activity should always be fun and part of daily life. Active play, in a safe and challenging environment, is the best way to keep children physically active.**FUNdamentals Stage (6-9 boys, 6-8 girls)** Skill development at this age is best achieved through a combination of unstructured play in a safe and challenging environment.**Learn to Train Stage (9-12 boys, 8-11 girls)** This is a period of accelerated learning, of coordination, and fine motor skills. It is time to develop all fundamental movement skills and learn overall sports skills. **Under-represented population.** Projects that provide opportunities for persons from under-represented and/or marginalized populations to actively participate in sport including in roles as athletes, coaches, officials and volunteer leaders. Under-represented groups include: aboriginal youth, persons with a disability, women and girls, economically disadvantaged.  |

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| **2. c) Detailed project information. Describe your project and its anticipated results in clear and concise terms. Ensure that you describe how the project will address at least one of the identified priorities in question 2b. Who will be doing what, where, when, and how and what impact will it have? (attach appendix if additional space is required)** |
|  |

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| **2. d) Recruitment / Promotion** |
| How will you recruit participants? Please explain.      |
|  |
| Estimated number of participants:  | Total: |       | Female: |       | Male: |       |
|  |
| How will you recruit coaches/leaders? Please explain. |
|       |
|  |
| Estimated number of coaches/leaders:  | Total: |       | Female: |       | Male: |       |
|  |
| How will you promote this project and publicly acknowledge Sport Canada, the Government of New Brunswick and others as the source of funding for your project? |
| [ ] [ ] [ ] [ ]  | PostersTVNewsletterNewspaper | [ ] [ ] [ ] [ ]  | BannersRadioWebsiteOther |
| Please explain :        |

|  |
| --- |
| **2. e) Training / Safety** |
|  |
| What training/certification do your coaches/leaders currently have? (i.e. Fundamental Movement Skills, Aboriginal Coaching Module, Introduction to Competition, Competition Development, Competition High Performance, Physical Education Teacher, or other). Please explain.      |
|  |
| Do your coaches/leaders require training? Please explain. |
|       |
| Do you have liability insurance? | [ ]  | Yes | [ ]  | No |
|  |
| What measures will you take or have taken to ensure the safety of the participants? Please explain. |
|       |

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| **2. f) Partners** |
|  |
| What partners have you identified to support the program? (i.e. people to help out, school, district, municipality, Provincial Sport Organisation, etc.) Please list your partners and their role and/or qualifications in the delivery of your project / activity.  |
|  |
| Partner | Contact person | Role  |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

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| **SECTION 3. Budget information** |

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| **3. a) Funding acknowledgement**  |
|  |
| Will you seek or did you receive other funds?  | [ ]  | Yes | [ ]  | No |
|  |
| If yes, please identify other sources of funding. |
|  |
| **Name** | **Description** | **Amount** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **TOTAL** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will there be in-kind contributions?  | [ ]  | Yes | [ ]  | No |
| If yes, explain:       |
| **Name** | **Description** | **In Kind Amount** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **TOTAL** |  |

|  |
| --- |
| **3. b) Project Budget** |
| **Estimated Revenues****Items** | **Amount** | **Estimated Expenses** **Items** | **Amount** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **TOTAL** |  | **TOTAL** |  |
| **Total Amount Request** |  |  |  |

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| **Accountability Declaration of Partners**I, the undersigned, am authorized by my organization to forward this application. The information presented in this application is, to the best of our knowledge, true and correct.Furthermore, in the event that our application is successful, we agree to:1. Receive and account for all project funds, through the Lead Organization. 2. Participate in evaluation / monitoring activities related to the project. 3. Provide proof of insurance coverage for the project and its participants.4. Ensure project is implemented and that all obligations for reporting are met. 5. Ensure that a final activity report is submitted 30 days after the project is completed. |
| **Signature of Applicant** |  | **Date:** |  |

**Do you want Direct Deposit?** [ ]  **Yes** [ ]  **No**

**Please submit completed applications to your Regional or Provincial Consultant at the Department of Healthy and Inclusive Communities. Your Consultant is available to assist you in this process.**