

MANULIFE FINANCIAL COMMUNITY GRANT APPLICATION

A. General Information / Contact Details: (all applicants applying must complete this section and submit with application)

FULL NAME: _____

Your Sport Organization: _____

Position held within Organization: _____

Number of Members in your Organization: _____

Area/Region your Organization services: _____

Address: _____ Telephone: _____

City/Town: _____ Fax: _____

Postal Code: _____ Email: _____

B. Description of Initiative for which you are requesting funding: (e.g., Creating a new program, developing infrastructure, partnership building with PSO, etc...)

C. Have you included the following information: (check all of the information included with your application)

- Complete budget submission (including all revenue streams & estimate of expenses)
- Comprehensive action plan for initiative (how it is innovative, and self-sustaining in future)

..... Amount of Request (indicate the amount of money requested for this initiative)

D. Complete the following application and submit it with all supplementary information to:

Allocation Committee Chair, Nova Scotia Amateur Sport Fund
c/o Sport Nova Scotia, 5516 Spring Garden Rd., 4th Floor, Halifax, NS, B3J 1G6

I consent to the collection and use of my personal information as stated in the Sport Nova Scotia Privacy Policy. I understand that the Sport Nova Scotia Privacy Policy is accessible at www.sportnovascotia.ca or in electronic or hard copy format by contacting sportns@sportnovascotia.ca or 425-5450.

Signature of Applicant: _____

Date: _____

QUESTION 4: Budget (cont'd)

Name of initiative: _____

Date of initiative: _____

(Complete budgets must be submitted for each initiative/project for which you are requesting financial assistance.)

EXPENSES (identify the approximate amounts associated with the initiative in the areas noted below. Where appropriate provide details)

- > Staffing Costs (including salaries, benefits etc.)..... \$ _____
- > Administration costs (including such things phone costs, copies etc.)..... \$ _____
- > Equipment & materials..... \$ _____
- > Facility rentals..... \$ _____
- > Travel/Transportation (including such things as airfare, mileage, rental cars, taxis etc.) \$ _____
- > Accommodations (including number of rooms x number of nights x number of occupants x room rate) \$ _____
- > Food (estimate the costs of meals e.g., # of meals per day x days)..... \$ _____
- > Training / Coaching Expenses (details required)..... \$ _____
- > Other: _____ \$ _____
- > Other: _____ \$ _____
- > Other: _____ \$ _____

TOTAL EXPENSES: _____

REVENUE (identify approximate amounts of assistance available from the following sources for the initiatives noted above):

- > \$ available from NSO (National Sport Organization.) \$ _____
- > \$ available from PSO (Provincial Sport Organization.) \$ _____
- > \$ available from fees & charges (user fees, registration fees, etc..) \$ _____
- > \$ available from OHP - S&R (Office of Health Promotion - Sport & Recreation Division) \$ _____
- > \$ available from Fundraising / Sponsorships \$ _____
- > \$ available from Other sources: _____ \$ _____
- > \$ available from Other sources: _____ \$ _____

TOTAL REVENUES: _____

AMOUNT REQUESTED from the Nova Scotia Amateur Sport Fund for this initiative: \$ _____

THE SPORT FUND COMMITTEE WILL CONTACT YOUR PROVINCIAL SPORT ORGANIZATION TO COMPLETE THIS SECTION.

The Sport Fund Committee will contact your Provincial Sport Organization to complete the following section. All applicants must have the endorsement of their Provincial Sport Organization to be eligible for Sport Fund consideration. Once the committee contacts the PSO, they will notify all applicants regarding the endorsement of their initiative.

QUESTION 1: Please state how this initiative fits in your organization's overall strategy to develop sport throughout Nova Scotia.

QUESTION 2: How will this initiative help recruit and retain more participants, and offer quality programming at the community level?

QUESTION 3: Please state how the PSO will help support this initiative during implementation, development and longer-term integration.

I, _____, do hereby acknowledge that I have reviewed this
(print name of President)
application and on behalf of _____ confirm its accuracy and support the
(print name of Provincial Sport Organization)
application for financial assistance through the Nova Scotia Amateur Sport Fund.

Signature of President: _____ Date: _____

CHECKLIST: To ensure that your application is complete, have you....

- completed the cover sheet with all of your contact information? Yes _____ No _____
- included information on the objectives of your organization? (question 1) Yes _____ No _____
- described the initiative(s) for which you are requesting funding? (question 2) Yes _____ No _____
- described the impact the initiative(s) will have on your community? (question 3) Yes _____ No _____
- completed the budget table for each initiative & added supporting documentation? (question 4) Yes _____ No _____

Send your completed application and all additional information to:

Allocation Committee Chair
Nova Scotia Amateur Sport Fund
c/o Sport Nova Scotia
5516 Spring Garden Rd., 4th Floor
Halifax, NS, B3J 1G6

DEADLINE for submission is March 1, September 1