

KIDSPORT™ IROQUOIS FALLS GRANT GUIDELINES

1. Grants to individual athletes are designed to help the athletes overcome social and economic barriers that have prevented or limited their participation in sport.
2. An individual may receive only one grant per calendar year.
3. Only individuals 18 years & under are eligible for a grant.
4. Grants are primarily for payment of registration fees and/or equipment and are to be used only in activities that demonstrate a sustained sport experience (i.e. sport led by a qualified coach).
5. Average grants generally range from \$50 to maximum of \$350, and are paid directly to the sport organization or retailer.
6. Equipment purchases are limited in value and must be the most economical option available.
7. Preference is given to athletes who are being introduced into organized sport for the first time.
8. Elite camps, travel to playoffs and/or championships are **NOT grant eligible**.
9. Sport activities are encouraged to be a member sport organization of the Sport Alliance of Ontario.
10. All applicants must be residents of Iroquois Falls.
11. A parent/guardian must initiate the application on behalf of an individual.
12. **Coaches, registrars and/or directors of clubs/leagues are not accepted as endorsers of applicants.**
13. KidSport™ Iroquois Falls funds are not meant to replace existing recreation or social services funding for sport participation.
14. The KidSport™ Iroquois Falls adjudication committee will endeavor to process applications within **60** days of receipt.
15. Endorsers must be community professionals such as clergy, police, school counselor/teacher/principal, senior recreation administrator, family/social-services professional, President of sports organization.
16. **The parent or guardian must complete the form and attach proof of family income.**
17. KidSport™ Iroquois Falls and its members to the best of their abilities will protect the confidentiality of all applicants and endorsements.
18. Guidelines are subject to change by the KidSport™ Iroquois Falls Board of Directors.
19. KidSport™ Iroquois Falls is a charitable organization reliant upon community contributions. KidSport™ Iroquois Falls will endeavor to respond to the requests based upon availability of funds.

Revised, April 26, 2005

So **ALL** Kids
Can Play!



KidSport™

Iroquois Falls

2006

OFFICIAL GRANT APPLICATION FORM



*KidSport™ Iroquois Falls is a local chapter of KidSport™ Ontario,
Please visit www.kidsport.on.ca
A program of the
Sport Alliance of Ontario.
www.sportalliance.com*

ATHLETE INFORMATION

Parents or legal guardians must submit separate applications for each athlete.

NAME: _____

DATE OF BIRTH (D/M/Y): ____/____/____ Male or Female: _____

MAILING ADDRESS: _____

CITY & POSTAL CODE: _____

TELEPHONE: _____

Has this athlete received previous KidSport™ funding?: Y___ N___

PARENT/GUARDIAN INFORMATION

NAME: _____

RELATIONSHIP TO ATHLETE: _____

MAILING ADDRESS: _____

CITY & POSTAL CODE: _____

TELEPHONE: Daytime: _____ Evening: _____

Number of Children in the Family not working _____

Check One: [] One Household Income [] Two or more Household Incomes

ANNUAL HOUSEHOLD INCOME: (Check one)

[] Less than \$15,000 [] \$15,000-\$19,999

[] \$20,000-\$29,000 [] Over \$30,000

Proof of TOTAL HOUSEHOLD INCOME must include Notice of Assessment or Income

Tax Summary plus most recent pay stubs or Statement of Assistance for one month.

A telephone interview by a volunteer adjudicator will be required so please indicate the best time for this. Please provide times for both day and evening to facilitate the process.

Daytime: _____ Evening: _____

Signature of Parent/Guardian: _____

Date: _____

GRANT INFORMATION If available, please attach a copy of the registration form.

NAME OF SPORT: _____

NAME OF ORGANIZATION: _____

ORGANIZATION CONTACT: _____

POSITION OF CONTACT: _____

MAILING ADDRESS: _____

TELEPHONE: _____

FAX: _____

FUNDING REQUEST

An applicant may only receive a grant for equipment and/or registration fees to a recognized sport organization or program.

REGISTRATION FEES: \$ _____

EQUIPMENT REQUEST: \$ _____

TOTAL REQUEST: \$ _____ (Cannot exceed \$350.00)

TYPE OF EQUIPMENT: _____ Size: _____

If requesting equipment, please state size of the athlete, and indicate if it is a Child or Adult size, i.e. shoe/skate size- Child's 7 and shirt size Adult Small.

ENDORSEMENT

Each KidSport™ Iroquois Falls Application must have the endorsement of a community professional such as a member of the Clergy, Police, School Counselor, Teacher or Principal, Senior Recreation Administrator, or Family/Social Services Professional.

A detailed Letter of Endorsement indicating the family's unique economic/social situation MUST accompany this form.

NAME OF ENDORSER: _____

EMPLOYER: _____

POSITION: _____

MAILING ADDRESS: _____

TELEPHONE: Daytime: _____ Evening: _____

FAX: _____

RELATIONSHIP TO APPLICANT: _____

Your role is critical to the effective operation of KidSport™ Iroquois Falls. You are an objective, third party community resident, and are well positioned to assess the needs of the young athlete. Please keep in mind that your endorsement letter is a valuable reference, so be as specific as possible with respect to the financial and social barriers of the individual. A volunteer adjudicator will call to verify letter content.

I have thoroughly read and understand the Guidelines of KidSport™ Iroquois Falls and I believe this application to be consistent with the program's guidelines. To verify this endorsement, I agree to participate in a telephone interview.

Signature of Endorser: _____

KidSport™ Iroquois Falls appreciates your help in making sport more accessible to all of Iroquois Falls Youth.

Please mail the completed application with all necessary attachments to:

KidSport™ Iroquois Falls, Attn: Adjudication Committee

P. O. Box 1225, Iroquois Falls, Ontario POK 1G0

Phone: 232-6707 E-mail: iroquoisfalls@kidsport.on.ca

