



Parasport Jumpstart Fund Program Application Form

Please complete this form and email the completed form to jumpstart_cdp@cantire.com to have your application for funding reviewed. Incomplete forms will not be reviewed. The deadline for the form is August 11th, 2017 by 5:00pm PDT.

Section 1: Details about your organization				
Organization Name				
Address		City	Postal Code	
Web-site				
Organizational Mandate Please provide a description of your organization's mandate including organizational mission, programming, resources, and services to members) <i>*100 words or less</i>				
Sports/Activities Please list all activities and sports offered by your organization Note, you can include activities for both para- and able-bodied athlete programming, but distinguish between the two.				

Section 2: Program Overview and Details
(i.e., What other organizations will assist you in running the program)

Name of Program

Is this an annual Program ?

Yes

No

If yes, please provide the number of years the program has been running:

Length of the program:

Anticipated Start Date:

Anticipated End Date:

Funding Stream

Please select the funding stream you are applying for:

Paralympic Sport Program

(includes single sport programming for sports on the Paralympic program)

Parasport Program

(includes single sport programming for sports not on the Paralympic program)

Multi-sport Program

(Multi-sport program with Paralympic and/or non-Paralympic sports)

Program Category

Please select the program category. You may select more than one category if applicable.

Awareness, First Involvement and Recruitment

Participation

Athlete Development

Sports

List all Activities/sports included in the proposed funded program:

Program Description

Please include a description of the program and provide details about the participants included in the program.

Program Outcomes

Provide details about the outcomes of your program/project. Be very specific about what you would like to achieve.

Program Measurements

Provide details on how you will measure the outcomes and successes of your program/project.

Section 2: Program Overview and Details
 (i.e., What other organizations will assist you in running the program)

Organization Name #1				
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Address		City		Postal Code	
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Organization #1's Role					
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Organization Name #2				
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Address		City		Postal Code	
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Organization #2's Role					
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Organization Name #3				
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Address		City		Postal Code	
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Organization #3's Role					
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<p>Experience of individuals delivering the program Please indicate any professional requirements or experience that you require of staff, coaches, sport assistants, etc. to effectively deliver the program.</p> <p><i>*100 words or less</i></p>	
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<p>Infrastructure Please describe the accessibility of the facility and the surrounding environment.</p> <p><i>*100 words or less</i></p>	
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Section 2: Program Overview and Details
(i.e., What other organizations will assist you in running the program)

Complete the following question, ONLY if your program falls under the Athlete Development Category selected below:

Para pathway

Briefly describe your plans to help athletes progress along your sport's pathway. Note a clear pathway allows athletes to progress and pursue higher levels of sport if they choose. And, if applicable, how will this grant impact athlete at other stages along the pathway (e.g. their daily training environment, competitive opportunities)?

****200 words or less***

Does your organization require background checks on staff & volunteers who are involved in any capacity with your programs?

Yes

No

Is there an appropriate amount of insurance coverage for the program and its users?

Yes

No

Section 3: Participant Details

Anticipated # of children or youth in program

If approved, you will be required to upload child and youth data for each program participant to match the anticipated number. Please see FAQ "What if I don't know the number of children that will attend?"

Total # Participants in program:

Total # children & youth in Program (Under age 18):

Age range of participants in funded program	From (years old)		Gender of participants:	Male
	To (years old)			Female
Parental Permission & Awareness Please confirm that your organization has made parents/guardians aware that funding will be provided by Jumpstart and that a condition of this funding is the sharing of their child's data for the purposes of securing funding for this program.			Yes	No

Section 4: Budget Details

CHILDREN/YOUTH

Number of Children/Youth

REVENUE

Revenue Source	In-Kind Amount	Amount (Monetary)
Total		

EXPENSES

REGISTRATION

Facility	Cost	Requested from Parasport Jumpstart
Total		

Resources	Cost	Requested from Parasport Jumpstart
Total		

Section 4 - Continued

TRANSPORTATION

Event/Transportation	Cost	Requested from Parasport Jumpstart
Total		

EQUIPMENT

	Unit Cost	Quantity	Cost	Requested from Parasport Jumpstart
Total				

SUMMARY

	Cost	Requested From Parasport Jumpstart
Total Expenses		

Section 5: Final Checklist

Please ensure the following documentation are completed and e-mailed with the application form.

I have reviewed the grant guidelines and my application is eligible under 2017-2018 Parasport Jumpstart Fund Guidelines.

The Parasport Jumpstart Fund application form is complete (Sections 1 - 3).

Budget Details section (Section 4) has been completed with all details pertaining where grant money would be used.

I understand and give permission that our organizational information (club name, website, etc.) will be shared between Canadian Tire Jumpstart Charities and Canadian Paralympic Committee. It will be included as part of the review process, and if successful, for supporting initiatives; this will not include any shared organizational financial information.

Yes No

I _____ (name of key contact) confirm of behalf of _____ (name of organization) verify that the information submitted in this application is factual.

Signature _____

Date _____