



SASK SPORT

INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

2020



FUNDED BY



INDIGENOUS COMMUNITY SPORT DEVELOPMENT GRANT PROGRAM APPLICATION FORM

CONTACT INFORMATION

				Date:		
Name of Community/Organization:						
Cheque Payable to: (if different from above)						
Non Profit #:				Grant #: (office use only)		
Contact Person:				Title:		
Address:			City:			Postal Code:
Phone:			Email:			
Alternate Contact:				Title:		
Address:			City:			Postal Code:
Phone:			Email:			
Administrative Contact: (e.g. Finance)						
Email:						

LETTERS OF SUPPORT (Two letters of support must be included with application)

<input type="checkbox"/>	From:		Contact:	
<input type="checkbox"/>	From:		Contact:	

PROGRAM INFORMATION

Sport Program:			Amount Requested:		
Brief Summary of sport program:					
Start Date:			End Date:		
Is your program linked to an existing club or league?			<input type="radio"/> Yes <input type="radio"/> No		
If no in previous please explain:					

DESIGNING YOUR SPORT PROGRAM

(Step 2 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)

SUPPORT NEEDED

Is the sport program new or existing? (please check)

- ☐ **New** sport program OR
- ☐ **Existing** sport which will be further developed: (explain below)

COMMUNITY VISION OF SPORT

What is your organizations vision for sport in your community? What do you want it to look like?
(please describe below)

CREATE A LIST OF SPORT PROGRAMS CURRENTLY IN YOUR COMMUNITY

Sport	Age	Gender	Season	Coach	Coach Contact #
<i>Example: Table Tennis</i>	<i>8-11</i>	<i>Female</i>	<i>Fall/Winter</i>	<i>Joe Smith</i>	<i>000-000-0000</i>

What types of support and resources will you use from your community to help with your sport development program?

What are the barriers that prevent children and youth in your community from participating in sport, how can they be addressed by this program? (examples)	
Please prioritize your barriers	How can these be addressed by your program?
How was this sport identified as a need?	

IDENTIFY YOUR COMMUNITY’S ASSETS AND STRENGTHS

Please list the top three benefits that you believe would help children and youth of your community deal with the barriers, and describe why they are important for your community:	
Benefit	Why is this benefit important to your community?
What partners have you identified to support the sport program? Inside community outside community (Provincial Sport Organization, Tribal Council, School Division)	

PARTICIPANTS

Using the data from the answers in Step 1, please check who the sport program going to support:			
<input type="radio"/> Both males and females <input type="radio"/> Males <input type="radio"/> Females			
What age(s) are the participants:		How many participants will be involved:	
How will your program recruit participants? (please describe below)			

DEVELOPMENTALLY APPROPRIATE SPORT

What stage of the Long-Term Athlete Development Model will your community implement to meet the needs and priorities of children and youth in your selected sport? (please check the appropriate box below)	
<input type="checkbox"/> Active Start (learn fundamental movement through play-based activities)	
<input type="checkbox"/> Fundamentals (continue to build overall movement and motor skills)	
<input type="checkbox"/> Learning to Train (are developmentally ready to acquire the general sport skills that are the building blocks of athletic development)	
<input type="checkbox"/> Training to Train (consolidate sport skills)	
What do you need to do in order to deliver the program? (trained coaches, league play, skills camps)	

SPORTS TIMELINE

LEAGUES AND COMPETITIONS (COVID-19 restrictions apply)

Will the sport program be part of a league, if so which one?		
Will the team participate in competitions/league, if so how many and where? (please list)		
Competition/League	Date	Location

FACILITY

Where will the team practice? (please list below)	Is the facility free?
	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No
	<input type="radio"/> Yes <input type="radio"/> No

COACHES

Are your coaches already certified?	<input type="radio"/> Yes <input type="radio"/> No
Will you require a coaching clinic?	<input type="radio"/> Yes <input type="radio"/> No

OFFICIALS

Do you need officials?	<input type="radio"/> Yes <input type="radio"/> No
Will you require officials clinic?	<input type="radio"/> Yes <input type="radio"/> No

VOLUNTEERS

How many volunteers will you need to help out with the program? (please explain)
How will your program recruit volunteers to help? (please explain)
Will any training be required to ensure that the volunteers helping you are supported? (please list potential training support - refer to the Planning Toolkit on training available)

EQUIPMENT

What Equipment will be needed to run the program? (please list)	Does the Community already own this equipment?	What equipment will need to be purchased? (please list)
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Yes <input type="radio"/> No	

TRANSPORTATION

How will the participants get to practices, games, etc? (please list)

Please list the organizations vans, buses, etc. to transport the participants:

If transportation is needed, do you have volunteers to transport the participants? (please explain)
Do volunteers have insurance?

SAFETY – COVID-19 RETURN TO SPORT

What measures will you take or have taken to ensure the safety of the participants? (please explain)

Have you read the sports RETURN TO PLAY Guidelines?
(eg: Sask Soccer, Sask Hockey, etc)

☐ Yes ☐ No

If no, do you need a copy from your District?

☐ Yes ☐ No

Do you have Liability Insurance?

☐ Yes ☐ No

If you answered no in the previous question, please indicate how you will get insurance.

NUTRITION AND HEALTH

Will nutrition be provided with your program?

It is recommended to promote healthy eating and healthy living. (water, fruit/no smoking or vaping)

DELIVERING YOUR SPORT PROGRAM

(Step 3 in the Community Sport for Children and Youth Planning Toolkit - please refer to the toolkit for TIPS and available resources to complete the application)

SUPPORT NEEDED

In the previous step you were able to identify who can help you with your sport program, please list who will support you to deliver your sport program: (only answer what applies)

Coach -

Manager -

Main Official -

Transportation Driver -

Community Leader (Principal, Councilor) -

Helper/Volunteer -

Helper/Volunteer -

Other -

PARENTS AND CAREGIVERS

How will your program involve and communicate with parents/caregivers?
(parent meeting, respect in sport)

RECORD KEEPING

How will you keep records on your sport program?
(i.e. attendance/participation, code of conduct forms, incident/accident reports)

RECOGNITION AND CELEBRATING SUCCESS

How will you recognize your athletes, coaches, volunteers, etc. and celebrate your community sport success?

FUNDING ACKNOWLEDGEMENT

How will you promote this program and publicly acknowledge Sask Lotteries as the source of funding for your program? (please check below)

☐ Posters ☐ Newsletter ☐ Social Media (Facebook) ☐ Radio ☐ Annual Report
☐ TV ☐ Speeches ☐ Word of mouth ☐ Other:

BUDGET SUMMARY

Note: This budget summary will be the same used for the follow-up submission.

INCOME	Budgeted Amount	Follow-up Actual
Indigenous Community Sport Development Grant	\$	\$
Fundraising	\$	\$
Cash Donations/Sponsorships	\$	\$
In-kind contributions (non-cash – please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
Other sources (please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL INCOME	\$ 0.00	\$ 0.00
EXPENDITURES: <i>(identify in-kind expenditures with an asterisk*)</i>	Amount	Follow-up Actual
Facilities (gym/arena usage)	\$	\$
Equipment Costs	\$	\$
Travel costs (fuel costs)	\$	\$
Athlete Training/Development Cost	\$	\$
Food/Nutrition: (max 10%)	\$	\$
Registration Fees	\$	\$
Safety/PPE	\$	\$
Other direct related expenditures (please list)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
TOTAL EXPENDITURES	\$ 0.00	\$ 0.00
Surplus/deficit without Indigenous Community Sport Grant funding	\$ 0.00	\$ 0.00
Requested Grant Amount	\$	\$

INFORMATION CERTIFICATION

I hereby certify that the information contained in this application is accurate and complete. Which include a completed application form, Two letters of support from community leaders (i.e. school administrator, town administrator, minor sport organization president, recreation board chair, or community elected official (Chief or Mayor) and completed budget summary in detail.

Authorized Signature of Community Applicant

Position

Print Name

Date

PLEASE SEND COMPLETED APPLICATION TO:

Indigenous Community Sport Development Grant Program

Lakeland District for Sport, Culture and Recreation

Box 280 Prince Albert, Saskatchewan S6V 5R5

ATTN: Crystal Clarke

Phone: 306-953-1623 Fax: 306-953-1624 email: crystal@lakelanddistrict.ca

CHECKLIST

- ☐ Completed Application Form
- ☐ Two letters of support from community leaders
(i.e. school administrator, town administrator, minor sport organization president,
recreation board chair, or community elected official (Chief or Mayor))
- ☐ Completed budget summary in detail

