



SASK SPORT

ADAPTIVE SPORT EQUIPMENT GRANT APPLICATION FORM

September 2020



FUNDED BY



ADAPTIVE SPORT EQUIPMENT GRANT APPLICATION FORM

Application Deadline: *Clubs must submit applications to PSO's and Districts by March 22 and/or September 22 annually. PSO's must submit applications to Sask Sport by April 1 and/or October 1 annually.*

| CONTACT INFORMATION | | | | | |
|---|--|--|-----------|--------------|--|
| Provincial Sport Organization/District: | | | | | |
| Contact Person: | | | Position: | | |
| Address: | | | City: | Postal Code: | |
| Phone: | | | Email: | | |
| PSO/District Fiscal Year: | | | | | |

| | | | | | |
|------------------------------------|--|--|-----------|--------------|--|
| Club or Community (if applicable): | | | | | |
| Contact Person: | | | Position: | | |
| Address: | | | City: | Postal Code: | |
| Phone: | | | Email: | | |
| Website: | | | | | |

| EQUIPMENT INFORMATION | | | |
|---|--|--|--|
| What sport(s) will this equipment be used for? | | | |
| Please indicate which season your equipment request is for: Summer Winter Year-round | | | |
| Will this equipment be used in an Equipment Loan Program? Yes No | | | |
| Any additional information regarding the equipment you would like to provide: | | | |
| | | | |

ADAPTIVE SPORT EQUIPMENT QUOTATION INFORMATION

(List each different type of equipment, in priority order)

| | |
|------------------------------|-------------------------|
| Technical Name of Equipment: | |
| Name of Equipment Provider: | |
| Supplier's Name: | |
| Quoted cost per unit: \$ | No. of units requested: |
| Total cost: \$ | Total Request: \$ |

| | |
|------------------------------|-------------------------|
| Technical Name of Equipment: | |
| Name of Equipment Provider: | |
| Supplier's Name: | |
| Quoted cost per unit: \$ | No. of units requested: |
| Total cost: \$ | Total Request: \$ |

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| Technical Name of Equipment: | |
| Name of Equipment Provider: | |
| Supplier's Name: | |
| Quoted cost per unit: \$ | No. of units requested: |
| Total cost: \$ | Total Request: \$ |

| PROGRAM INFORMATION | | | | | |
|--|----------------|--------------------|-------------------|--------|------|
| Type of application (please select one): | | Provincial Program | Community Program | | |
| Program Name: | | | | | |
| Please describe the program that the equipment will be used for. Please be sure to explain how this grant removes barriers to participation and how the grant will increase opportunities for persons with a disability to participate in sport. | | | | | |
| Program Dates: | Start: | | | End: | |
| Number of Weeks: | Program Times: | | | | |
| Location(s): | | | | | |
| Indicate the age group(s) your program will be targeting: | | Under 12 | 13-18 | 19-54 | 55 + |
| Estimate how many people will participate in your program: | | Male: | Female: | Total: | |
| Who is your target audience? (check all that apply) | | | | | |
| <input type="checkbox"/> Athletes with a cognitive impairment <input type="checkbox"/> Athletes with a physical disability <input type="checkbox"/> Athletes with a vision impairment <input type="checkbox"/> Athletes with a hearing impairment <input type="checkbox"/> Other: (please explain) | | | | | |
| What percentage of your program's participants do you anticipate will be individuals who have voluntarily declared they have a disability? | | | | | % |
| What percentage of your program's participants do you anticipate will be individuals who have voluntarily declared to be of Indigenous descent? | | | | | % |

The following elements support programming and increase the sustainability of a sport program over the long term. By providing information about the following elements the Adaptive Sport Advisory Committee will gain a better understanding of the program.

Will you be partnering with any other group, community or organization to offer this program?

Yes No

Please explain your answer:

How will you promote your program to recruit more participants and volunteers? Which communities?

Will there be training/certification offered to the coaches/instructors? Yes No

Please explain your answer:

Will you incorporate official's training/recruitment in your program? Yes No

Please explain your answer:

Will you incorporate volunteer training/recruitment in your program? Yes No

Please explain your answer:

Will you incorporate Sport Science education or presentations into your program (nutrition, mental training, training/fitness programs, etc.)? Yes No

Please explain your answer:

How will you know if your program is successful? List the outcomes you will achieve if your application is approved including both quantitative (e.g. number of people reached, coaches trained, etc.) and qualitative measures (skills and knowledge acquired, improvements made, etc.)

| FINANCIAL INFORMATION | |
|------------------------------|--|
|------------------------------|--|

Please outline all anticipated program revenues and expenses. **Please ensure the budget is balanced** and includes your spending plan for the fiscal year that you are requesting the grant.

| REVENUES | AMOUNT |
|---|---------------|
| Amount Requested from Adaptive Sport Equipment Grant | |
| Amount Requested from Adaptive Sport Club Development Grant | |
| Other Grants | |
| Sponsorship or Donations | |
| Registration Fees | |
| Other (please list) | |
| | |
| | |
| | |
| Total Revenues | |

| EXPENSES | |
|---|--|
| Facility Rental | |
| Coaches or Officials/Instruction Expenses | |
| Coaches or Officials Training Expenses | |
| Equipment (traditional) | |
| Equipment (adapted) | |
| Sport Science Presentations | |
| Other (please list) | |
| | |
| | |
| | |
| Total Expenses | |

| | |
|--|--|
| TOTAL REVENUE (DEFICIT) FOR PROGRAM | |
|--|--|

ADDITIONAL INFORMATION

Please attach any additional information you may have on your program such as registration forms, brochures or advertisements with this application.

APPLICATION CHECKLIST

Before submitting the application, we recommend that your organization complete the following checklist to ensure your application is ready for submission.

I have read the Program Guidelines for the Adaptive Sport Equipment Grant.

I have submitted a **balanced budget**.

The application will be submitted prior to the start date of the program or activity.

I have attached additional information (i.e. registration forms, brochures, advertisements).

I have attached two quotes from equipment providers for the equipment I wish to purchase.
If less than two quotes are included, please provide an explanation:

DECLARATION

On behalf of our organization, I hereby agree that the terms and conditions outlined in the Guidelines have been adhered to and that the information presented in this application is correct and true.

I acknowledge that if this application is approved, I will be required to enter into a legally binding letter of agreement with the Sask Lotteries Trust Fund which will detail the terms and conditions of the grant.

| PSO/District Signing Authority | Club or Community Signing Authority (if applicable) |
|--------------------------------|---|
| Name: | Name: |
| Title: | Title: |
| Date: | Date: |
| Signature: | Signature: |

ADAPTIVE SPORT EQUIPMENT GRANT APPLICATION FORM AND ALL SUPPORTING DOCUMENTS MUST BE SUBMITTED TO:

Joelle Buckle, Sask Sport
510 Cynthia Street, Saskatoon, SK S7L 7K7
jbuckle@sasksport.ca
Phone: (306) 975-0893 • Fax: (306) 242-8007