



Community Sport Participation "RESTART" Grant Program APPLICATION FORM

A. CONTACT DETAILS

First Name	<input type="text"/>	Last Name	<input type="text"/>		
Title	<input type="text"/>				
Email	<input type="text"/>	Phone Number	<input type="text"/>		
Address	<input type="text"/>	Town/City	<input type="text"/>	Postal Code:	<input type="text"/>
Contact's Position in Organization	<input type="text"/>				

B. ORGANIZATION DETAILS

Organization Name	<input type="text"/>							
Address	<input type="text"/>	Town/City	<input type="text"/>	Postal Code:	<input type="text"/>			
Email	<input type="text"/>	Phone Number	<input type="text"/>					
Organization Type (Non-Profit/Charity)	<input type="text"/>							
Incorporation Registration Number	<input type="text"/>							
Number of Registered Members and Participants	2018	<input type="text"/>	2019	<input type="text"/>	2020	<input type="text"/>	2021 (Projected)	<input type="text"/>
Organization is an affiliated member of: (provincial sport association or other)	<input type="text"/>							

C. TYPE OF GRANT FUNDING REQUESTED

Please identify by checking (✓) one of the boxes

- CATEGORY 1:** To support a COVID-safe and responsible return to community sport start-up activities focussing on financial offsets for health protocol supplies/equipment **OR** to offset costs towards the acquisition of an automated external defibrillator and related training – **grant funding of \$1,000**
- CATEGORY 2:** To provide general emergent operational support to community sport organizations to help sustain continued delivery of community sport activities – **grant funding of \$2,500**
- CATEGORY 3:** To provide a level of seed funding assistance to support innovative "restart" initiatives that will creatively enhance mass sport participation at the grassroots level – **grant funding of \$6,000**

PLEASE NOTE: Organizations may **ONLY** apply/submit under **ONE** of the provided grant categories.

D. CATEGORY 1 GRANT APPLICATION (To be completed by CATEGORY 1 grant applicants only)

D1. Project Description

Please describe your intended use of grant funds and explain the relevance of such intended use to your community sport participation endeavours.

D2. Related Information

1. Please describe the nature of service your organization offers and who in the community benefits from it.

2. Please briefly describe the activities your organization has delivered in the past 12–24 months.

3. In general terms, please outline the nature of impact that the COVID-19 pandemic has had on your organization.

4. Any other pertinent information you wish to share?

D3. Declaration

- I declare that the organization is a legally incorporated non-profit under current Alberta statutes.
- I declare that the organization meets the eligibility criteria detailed in the RESTART Program Guidelines
- I declare that the information provided is true and correct
- I acknowledge that I have read, understand and will abide fully in accordance with the established Makadiff Sports Program Guidelines
- I acknowledge that making a false declaration is a criminal offense
- I declare that I have the authority to apply and sign on behalf of this organization.

Name (Printed)

Date

Signature

E. CATEGORY 2 GRANT APPLICATION (To be completed by CATEGORY 2 grant applicants only)

E1. Assessment of Need

Please provide a precise description of what caused the financial impact resulting from COVID-19 (ie. Dramatic reduction in registration fees yet fixed costs continued; loss of major fundraiser; loss of programming fees; etc.)

2. How much income do you estimate your organization has lost/will lose over the past 12 months? What percentage of normal annual budget does this loss estimate represent? Does your organization have any cash reserves?

3. What specific financial/operational measures has your organization had to take to deal with COVID-19 pandemic circumstances/impacts?

E2. Related Information

1. Please describe the nature of service your organization offers and who in the community benefits from it.

2. Please briefly describe the activities your organization has delivered in the past 12–24 months.

3. Please explain how this RESTART grant funding would assist your organization. What, specifically, would the grant funds be used for?

4. What would the consequences be if your organization is not successful in securing this grant funding?

5. Any other pertinent information you wish to share?

E3. Declaration

- I declare that the organization is a legally incorporated non-profit under current Alberta statutes.
- I declare that the organization meets the eligibility criteria detailed in the RESTART Program Guidelines
- I declare that the organization has been negatively impacted by COVID-19, which has resulted in some degree of financial hardship, and is therefore in need of funding support.
- I declare support through this program is a necessary supplement to the financial relief currently being received by the organization.
- I declare that the information provided is true and correct
- I acknowledge that I have read, understand and will abide fully in accordance with the established Makadiff Sports Program Guidelines
- I acknowledge that making a false declaration is a criminal offense
- I declare that I have the authority to apply and sign on behalf of this organization.

Name (Printed)

Date

Signature

F. CATEGORY 3 GRANT APPLICATION (To be completed by CATEGORY 3 grant applicants only)

F1. Nature of Innovation and Description of "RESTART" Project/Initiative:

Please outline in some detail the nature of innovation and a description of your "RESTART" project/initiative – explain its significance to re-engaging community sport participation (What are the objectives? Expected outcomes? Proposed budget?)

F2. RESTART Initiative Related Information:

1. Please describe the nature of service your organization offers and who in the community benefits from it?

2. Please briefly describe the activities your organization has delivered in the past 12–24 months.

3. How are you staying in touch with your member participants during this period of restricted activities?

4. How much income do you estimate your organization has lost/will lose over the past 12 months? What percentage of normal annual budget does this loss estimate represent?

5. What specific financial/operational measures has your organization had to take to deal with COVID-19 pandemic circumstances/impacts?

6. What are your organization's most pressing challenges for "restarting" in post-pandemic conditions?

7. Any other pertinent information you wish to share?

F3. Declaration

- I declare that the organization is a legally incorporated non-profit under current Alberta statutes.
- I declare that the organization meets the eligibility criteria detailed in the RESTART Program Guidelines
- I declare that the organization has been negatively impacted by COVID-19, which has resulted in some degree of financial hardship, and is therefore in need of seed funding support.
- I declare that the organization has the capacity to complete the project/initiative within the stated grant timelines.
- I declare that the information provided is true and correct
- I acknowledge that I have read, understand and will abide fully in accordance with the established Makadiff Sports "RESTART" Program Guidelines.
- I acknowledge that making a false declaration is a criminal offense
- I declare that I have the authority to apply and sign on behalf of this organization.

Name (Printed)

Date

Signature



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