

**2014-2015
GO NB APPLICATION FORM**

SECTION 1. Lead Applicant Information

Organization name: _____

Name of lead person or official making the request: _____

Name of president or chair of organization _____

Mailing Address: _____

Telephone number: _____ Fax #: _____

Email: _____ Web site: _____

1.b) About your organization.

Type of organization?

Provincial Sport Organisation (PSO)

Multisport Organisation

Municipality

Other non profit organisation, please specify : _____

Local sport organization

Is your club registered with a Provincial Sport Organization (PSO)? Yes No

Have you informed your PSO of this project? Yes No

What is your organization's mandate? Please describe.

Do you have liability insurance for this project? Yes No

Please provide proof of insurance with your application

Does your organization have the following? Please check all that apply.

<input type="checkbox"/> Constitution	<input type="checkbox"/> Incorporation
<input type="checkbox"/> By-Laws	<input type="checkbox"/> Member of provincial/national association
<input type="checkbox"/> Abuse & Harassment/Screening Policy	<input type="checkbox"/> Long term organization plan (1-3 years)

When is your next annual general meeting (AGM)?

Please indicate the approximate number of participants, instructors, officials and administrators registered with your organization.

	Male	Female	Total
Participants / athletes			
Instructors / coaches			
Officials			
Volunteers			
TOTAL			

SECTION 2. Project information

2. a) Basic project information

Name of project / activity : _____

Date of project / activity : Start date : _____ End date : _____

How many times per week? _____ Length of sessions: _____

Location of project / activity : (facility) _____

Is this a new project / activity? Yes No

Is this an existing project / activity which will be further developed? Yes No

If yes, please explain.

Will you be using a recognized long-term athlete development (LTAD) program developed by a national organization? Yes No

Please indicate what LTAD program you will be using?

How will you support sustainability of participation once your project / activity is completed?

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Referral to other sport programs | <input type="checkbox"/> Other |
| <input type="checkbox"/> Providing more opportunities within existing organization | Please explain: |

2. b) Project priority (Please select only ONE area of focus)

- Active Start Stage (0-6)** At this age, physical activity should always be fun and part of daily life. Active play, in a safe and challenging environment, is the best way to keep children physically active.
- FUNDamentals Stage (6-9 boys, 6-8 girls)** Skill development at this age is best achieved through a combination of unstructured play in a safe and challenging environment.
- Learn to Train Stage (9-12 boys, 8-11 girls)** This is a period of accelerated learning, of coordination, and fine motor skills. It is time to develop all fundamental movement skills and learn overall sports skills.
- Under-represented population.** Projects that provide opportunities for persons from under-represented and/or marginalized populations to actively participate in sport including in roles as athletes, coaches, officials and volunteer leaders. Under-represented groups include: aboriginal youth, persons with a disability, women and girls, economically disadvantaged.

2. c) Detailed project information. Describe your project and its anticipated results in clear and concise terms. Ensure that you describe how the project will address at least one of the identified priorities in question 2b. Who will be doing what, where, when, and how and what impact will it have? (attach appendix if additional space is required)

2. d) Recruitment / Promotion

How will you recruit participants? Please explain:

Estimated number of participants: Total: _____ Female: _____ Male: _____

How will you recruit coaches? Please explain:

Estimated number of coaches: Total: _____ Female: _____ Male: _____

How will you promote this project and publicly acknowledge Sport Canada, the Government of New Brunswick and others as the source of funding for this project?

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Posters | <input type="checkbox"/> Banners |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |

Please explain:

2. e) Coach/leader training

What training/certification do your coaches/leaders currently have? (i.e. Fundamental Movement Skills, Aboriginal Coaching Module, Introduction to Competition, Competition Development, Competition High Performance, Physical Education Teacher, or other). Please explain:

Do your coaches/leaders require any additional training? Yes No

If yes, explain:

2. f) Partners

What partners have you identified to support the program? (i.e. people to help out, school, district, municipality, Provincial Sport Organisation, etc.) Please list your partners and their role and/or qualifications in the delivery of your project / activity.

Partner	Contact person	Role

SECTION 3. Budget information**3. a) Funding acknowledgement**

Will you seek or did you receive other funds? Yes No

If yes, please identify other sources of funding.

Name	Description	Amount
TOTAL		

Will there be in-kind contributions? Yes No

If yes, explain:

Name	Description	In Kind Amount
TOTAL		

3. b) Project Budget

Estimated Revenues Items	Amount	Estimated Expenses Items	Amount
TOTAL		TOTAL	

Total Amount Requested: _____

Accountability Declaration of Partners

I, the undersigned, am authorized by my organization to forward this application. The information presented in this application is, to the best of our knowledge, true and correct.

Furthermore, in the event that our application is successful, we agree to:

1. Receive and account for all project funds, through the Lead Organization.
2. Participate in evaluation / monitoring activities related to the project.
3. Provide proof of insurance coverage for the project and its participants.
4. Ensure project is implemented and that all obligations for reporting are met.
5. Ensure that a final activity report is submitted 30 days after the project is completed.

Signature of Applicant _____ **Date:** _____

Do you want Direct Deposit? **Yes** **No**

Please submit completed applications to your Regional or Provincial Consultant at the Department of Healthy and Inclusive Communities. Your Consultant is available to assist you in this process.