









## 2015-2016 Go NB Physical Literacy Grant Report Form

1. Basic information				
Organization name:				
Is your organization a sports club or community organizations:				
Name of president or chair of the organization:				
Name of person submitting the report:				
Email:				
2. Basic project information				
Name of project / activity				
Date of project / activity: Start date: End date:				
How many times per week? Duration of sessions per week:				
What was the name of the LTAD program used for the activity:				
What stage of LTAD was the main focus for the project, please select ONE?				
Active Start FUNdamentals Learn to Train General Physical Literacy Under-Represented group Please identify:				
What was the duration of the program/activity? ☐ less than 5 hours ☐ 5-20 hours ☐ greater than 20 hours				
Was your project / activity delivered through:   Single sport format   Multisport format				
3. Coach / Instructor information				
Number of coaches who participated in project: Male: Female: Total:				
What was the coach to participant ratio? ☐ 1:6 or less ☐ Between 1:7-1:12 ☐ greater than 1:12				
What was the training/certification of the leader/coach of this project?  NCCP certified, please specify:				
Other certification, please specify:				
☐ Not certified				

How many coaches	s/leaders received add	litional train	ing as a result of	this funding?			
Total: Femal	le: Male:						
What training did th	ney receive?						
4. Participant Info	ormation						
What was the average age of the participants (i.e most prominent age group)?							
☐ Children 0-5 ☐ Children 6-8 ☐ Youth 9-12			☐ Youth 13-16	☐ Adult 17+	Other		
Total number of participants:		Male:	Female:	Tota	Total:		
How many were persons with a disability:		Male:	Female:	Tota	Γotal:		
How many were identified aboriginal individuals:		Male:	Female:	Tota	Total:		
Were participants	provided with referrals	s to other p	rograms?				
Were participants provided with referrals to other programs?							
Participants are provided with generic options							
Participants are provided with specific individualized recommendations							
Participants are not referred to other programs							
5. Project/activity	Budget						
Revenu	ies Items	Amoun	t E	xpenses Item	S	Amount	
Go NB grant							
ТО	TAL			TOTAL			

Please indicate the amount of Go NB funding your group received.

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6. Promotion
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Were you able to secure media coverage for your project / activity? ☐ Yes ☐ No
Please explain:
Please attach any promotional materials, newspaper clippings, or any other media related documentation associated to your project.
7. Success Story and highlights
In 100 words or less, please share a success story or highlight made possible through this project / activity:
I, the undersigned, am authorized by my organization to forward this report. The information presented in this application is, to the best of our knowledge, true and correct.
Signature: Date:
Please submit completed report to your Regional or Provincial Consultant at the Department of
Tourism, Heritage and Culture. Your Consultant is available to assist you in this process.

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