

## 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, <b>please select ONE?</b>
<input type="checkbox"/> Active Start <input type="checkbox"/> FUNdamentals <input type="checkbox"/> Learn to Train <input type="checkbox"/> General Physical Literacy <input type="checkbox"/> Under-Represented group                      Please identify:
What was the duration of the program/activity? <input type="checkbox"/> less than 5 hours <input type="checkbox"/> 5-20 hours <input type="checkbox"/> greater than 20 hours
Was your project / activity delivered through: <input type="checkbox"/> Single sport format <input type="checkbox"/> Multisport format

3. Coach / Instructor information
Number of coaches who participated in project:                      Male:    Female:    Total:
What was the coach to participant ratio? <input type="checkbox"/> 1:6 or less <input type="checkbox"/> Between 1:7-1:12 <input type="checkbox"/> greater than 1:12
What was the training/certification of the leader/coach of this project?
<input type="checkbox"/> NCCP certified, please specify:
<input type="checkbox"/> Other certification, please specify:
<input type="checkbox"/> Not certified



## 6. Promotion

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.**