



2017 “PLAY IT FORWARD” AWARD APPLICATION

(\$1000 GRANT)

PART A – ELIGIBLE APPLICANT INFORMATION – MUNICIPAL RECREATION DEPT., SCHOOL OR REGISTERED NOT FOR PROFIT SOCIETY (must be located in the Capital Regional District)

Registered Legal Name:	Contact Person’s Name:
Telephone Number:	Fax:
Email:	
Mailing Address:	

Please note: priority may be given to organizations who have not received an award in the previous 2 years.

PART B – PURPOSE OF THE GRANT (Please check the box that describes your program)

INCREASE THE NUMBER OF GIRLS ONLY PROGRAMS

INCREASE THE NUMBER OF FEMALE PARTICIPANTS IN AN EXISTING CO-ED or TRADITIONAL & PREDOMINANTLY MALE PARTICIPATION PROGRAM

OTHER (please explain)

DESCRIPTION OF THE INITIATIVE:

Describe the applicant organization including membership or partnerships:

Many thanks to the KidSport Golf Tournament for making this award possible.

www.kidsportvictoria.ca



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Program description including how this grant will help you achieve your program goals:
Indicate what the grant will be used for and how you plan to sustain the activity on an ongoing basis:
Indicate numbers of girls and the age group who will benefit from the project and how you will remove barriers from girls' participation:
DESCRIBE HOW ACTIVE GIRLS/KIDSPORT WILL BE ACKNOWLEDGED:
<input type="checkbox"/> Distribute our KidSport Greater Victoria application for financial assistance forms and information. (www.kidsportvictoria.ca) Provide a thank you letter from your students / participants. Acknowledge Active Girls/KidSport in your newsletter/program (print ready ad and logos available).
<input type="checkbox"/> Agree to participate in a media interview as a testimonial to the value of the assistance provided by KidSport.
Others? _____

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PART C – AFFIRMATION

I AFFIRM THAT this application is accurate and complete. I agree that once funding (up to a maximum of \$1000.00 per applicant organization) is provided, that it will only be used to increase access and opportunities for girls aged 5 – 18 to participate in physical activity, sport, recreation and fitness programs. I agree to publicly acknowledge funding and assistance by Active Girls/KidSport Victoria through the use of logos on program materials. I confirm that the grant dollars will be expended as intended within one year of issuance of funds.

I agree to be responsible for this grant and I am authorized by:

Name & Title :

Date: ___/___/____(MM/DD/YYYY)

Organization:

DEADLINE FOR APPLICATIONS:

Apply by May 1.

Grant to be spent by June 1, 2019.

Email to:

activegirls@kidsportvictoria.ca

Email to activegirls@kidsportvictoria.ca by May 1.

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