

# Mount Pearl Sport Alliance

## Community Grants Program Application Form

(Edited: November 15, 2018)

Submission Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete each section of the application form and attachments, or state why a specific section cannot be completed. **Refer to Framework document** for detail.

### **Application deadline is January 31**

*Failure to comply with this deadline may result in disqualification.  
In some cases, the Review Committee may offer an extension. This requires pre-approval.*

*Please Type or Print Your Responses on This Form*

### **Name of Organization**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### **Primary Contact Person**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail: \_\_\_\_\_

**GENERAL CRITERIA**

**Section 1 – Participation in Sport Alliance (Maximum 10 points)**

The Sport Alliance office compiles data for each member sport relative to:

- Board Meeting attendance and input.
- Participation in Alliance fundraising projects and events (e.g., Ticket Sweep series, Bingo events, Awards Ceremony, etc).
- Nominations for Alliance Athletic Awards Program and Sports Hall of Fame.
- Communication with Alliance office re activities and programs of this sport.

***Important note:** A copy of this detail will be sent to each sport organization. This data is used to assign **“points”** to your organization in calculation of your grant. Please contact Sport Alliance office if the report differs from your records or if you have questions.*

**Include financial report**

Most recent year end financial report attached? **Yes** \_\_\_\_ **No** \_\_\_\_

**Registration Numbers**

How many minor age members/participants were registered in your programs last year?  
(18 years and under; number of different athletes) \_\_\_\_\_

**Section 2 – Eligible Costs (Maximum 25 points)**

Because operating expenses directly associated with program delivery are significant this section is one of two heavily weighted considerations to the grant program.

**Section 2 (cont'd) - Eligible Costs/Expenditures**

**Treasurers:** Organizing internal financial reports in sync with these “eligible costs” may make this simpler. **Note: Travel costs: NO athlete travel costs are to be included here.**

	<b>Actual Expenses (Last year)</b>
A. Facility rentals or facility loan payments	\$ _____
B. Utilities (telephone, power, fax, internet)	\$ _____
C. Training courses and clinics	\$ _____ Attach list
D. Insurance	\$ _____ Liability/Other
E. Bank charges and interest	\$ _____
F. Equipment rentals or purchases	\$ _____ Attach list
G. Advertising and promotion	\$ _____
H. Wages (less any grants for wages)	\$ _____
I. Registration fees to parent body (PSO)	\$ _____
J. Building/facility maintenance	\$ _____ Attach list
K. Accounting and other professional fees	\$ _____
L. Travel (prov. mtgs, coach clinics, etc.)	\$ _____ No athlete travel
M. Other administration expenses (specify)	\$ _____
<b><u>Total Eligible Costs</u></b>	<b>\$ _____</b>
<i>The following are not currently eligible.</i>	
N. Athlete insurance (if not in #I above)	\$ _____
O. Awards, plaques, photography, etc	\$ _____
P. Misc. (items not covered above)	\$ _____ Attach detail
<b><u>Total of all expenditures</u></b>	<b>\$ _____</b>

Complete by: \_\_\_\_\_ (Treasurer) Date: \_\_\_\_\_

**Section 2 (cont'd) - Positions & Salaries**

Please provide details for any full and part-time positions, which are paid by your association. Coaches, Officials, Administrators, Technical Directors, etc.

<b>Number Full-time</b>	<b>Number Part-time</b>	<b>Position</b>	<b>Wage or hourly rate</b>
<b>Totals</b>			

Complete by: \_\_\_\_\_ Treasurer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                   **Name**                                       **Title**

**Section 3 – Participant Costs (maximum 20 points)**

This section is intended to provide additional assistance to those sports with relatively small numbers but high facility rental costs. The formula is included as part of overall calculations. Refer to the Framework Document, Section 3 (page 10) for detail.

**Section 4 – Revenue (maximum 15 points)**

**Primary sources of income**

*This should correlate with the Financial Report submitted with this application.*

**Fiscal year end:** \_\_\_\_\_

**Revenue**

	<b>Last Year Actual</b>	
Registration Fees (2 points) (Include fee structure below)	\$ _____	
Grants (4 points) (Excluding Alliance Grant)	\$ _____	
Fundraising (5 points)	\$ _____	
Sponsorships, Donations & Contributions (4 points)	\$ _____	
Other Revenues	\$ _____	(Attach details if finance report not included)
<b>Sub-Total Revenue</b>	<b>\$ _____</b>	
Alliance Grant (last year)	\$ _____	
<b>Total Revenues</b>	<b>\$ _____</b>	

**Member/participant registration fee structure.**

**(This is what your organization individuals to register for your program).**

Individual fees (Price charged to members and/or participants)	\$ _____
Family fee	\$ _____
Other (i.e. discounts or subsidies)	\$ _____

**Section 4 (cont'd) - Grants requested/received.**

**Has your organization requested funding in the last 12 months from any other Municipal, Provincial, or Federal department agency?**

\_\_\_\_\_ No

\_\_\_\_\_ Yes (if yes, please complete the following)

Requested From	Date Requested	Requested?	Received?	Date Rec'd Or Refused
_____	___/___/___ dd mm yy	\$ _____	\$ _____	___/___/___ dd mm yy
_____	___/___/___ dd mm yy	\$ _____	\$ _____	___/___/___ dd mm yy
_____	___/___/___ dd mm yy	\$ _____	\$ _____	___/___/___ dd mm yy
_____	___/___/___ dd mm yy	\$ _____	\$ _____	___/___/___ dd mm yy

**Balance Sheet information.**

Since some groups do not have a full balance sheet completed at year end, the following key data is required.

1. Bank balance at year end \$ \_\_\_\_\_
2. Current debts/loans at year end \$ \_\_\_\_\_
3. Outstanding payables at year end \$ \_\_\_\_\_
4. Outstanding accounts receivable at year end \$ \_\_\_\_\_

## **Section 5 – Volunteer Plan**

### **A.) Volunteer training and development (Maximum 5 points)**

- i.** Provide a brief description below of each volunteer role and contributions.  
(Use back of this page if necessary.) What it is that volunteers do in your organization.

Coaching and/or instructing \_\_\_\_\_

Organizing and officiating competitions \_\_\_\_\_

Fundraising & special events \_\_\_\_\_

Organization administration \_\_\_\_\_

Executive & Board \_\_\_\_\_

Other \_\_\_\_\_

- ii.** List volunteer training and development programs made available to your volunteers (eg., mentoring, workshops, handbooks, etc.):

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- iii.** How do you recruit and retain volunteers?

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- iv.** What are your key challenges and issues regarding volunteers?

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v. Describe how volunteers are recognized in your organization (eg., events, personal thank you, cards & letters, incentives, etc).

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**B.) Volunteer Capacity (Maximum 10 points)**

Total number of volunteers in your organization in past year \_\_\_\_\_

Estimate of total hours contributed by your volunteers in the past year\_\_\_\_\_

Registered number of **MINOR** members/participants (from Sect 1, page 2) \_\_\_\_\_



**Section 6 – Athlete and Coach Development (Maximum 10 points)**

**A. List the Provincial and National events your athletes competed in during the past year and the number of athletes at each: (5 points)**

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**B. What clinics and training activities has your association conducted or participated in for the past year? (5 points)**

*Note: In future edits this may be revised to reflect current NCCP training and certification as per respective PSO and CSO programs. ...MB, Nov 15, 2018*

<b>(I) Coaching Clinics</b>	Theory	Technical	Number of Coaches Trained
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**(II)** List for the past year, the total number of coaches in your system and their level of training/certification.

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**(III)** Other training activity not included in above and numbers trained (specify):

First aid/CPR \_\_\_\_\_

Harassment prevention \_\_\_\_\_

Other (describe) \_\_\_\_\_

**Section 7 – Capital or Major Equipment Expenses (Maximum 5 points)**

*Please refer to Framework Document for detailed explanation.*

**A. List any major CAPITAL projects your sport funded in the past three years.**

<b>Project (attach info as needed)</b>	<b>\$ spent by your sport</b>	<b>Date completed</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**B. List any major pieces of equipment funded in the past three years. This applies only to equipment that is able to be used over many years.**

<b>Major equip. purchased</b>	<b>\$ spent by your sport</b>	<b>Date purchased</b>
_____	_____	_____
_____	_____	_____

## List of Executive and Board of Directors

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*(If additional space is required please use back of this page or additional paper).*

**Are any of the above remunerated? (If yes, explain)** \_\_\_\_\_

**How often does the Executive or Board of Directors meet?** \_\_\_\_\_

***Signature Page***

***We certify that, to the best of our knowledge, the information provided in this application and attachments is accurate and complete and is endorsed by the group or organization, which we represent.***

***Signature of President and Treasurer of the group or organization:***

_____	_____	____ / ____ / ____
<b><i>Name</i></b>	<b><i>Title</i></b>	<b><i>dd / mm / yy</i></b>
_____	_____	____ / ____ / ____
<b><i>Name</i></b>	<b><i>Title</i></b>	<b><i>dd / mm / yy</i></b>

Please submit to:

**Mount Pearl Sport Alliance  
Community Grants Committee**  
P.O. Box 989, Mount Pearl, NL A1N 3G9  
Tel: (709) 748-6489  
E-Mail: [mbugden@mountpearl.ca](mailto:mbugden@mountpearl.ca)  
Website: [www.mpsportalliance.ca](http://www.mpsportalliance.ca)