



# PARALYMPIC SPORT DEVELOPMENT FUND APPLICATION

## GENERAL INSTRUCTIONS

### *Before Completing Your Application:*

1. Read through the Paralympic Sport Development Fund Guidelines available at: <https://paralympic.ca/funding-opportunities> and ensure your organization meets the basic eligibility requirements.

### *When you are ready to apply:*

Please read each question carefully and answer completely. There are four main sections to complete as well as required documents to provide:

2. Part A: Organizational Information should be filled out with details pertinent to your organization or club.
3. Part B: Project Information should be filled out with details about the specific program or initiative that will use the funding.
4. Part C: Financial Information should include both funding allocated from the Canadian Paralympic Committee (CPC) as well as organizational or external sources (if applicable). You are required to distinguish how CPC funding will be used.
5. Part D: The application main contact should complete the application checklist and sign on behalf of the organization.
6. Prepare your organization's financial statement summary from the most recently completed operational year, or a letter of endorsement from your organization's financial representative.

### *When you are ready to submit your application:*

7. Upload the completed application, along with financial statements and other supporting documents if applicable (yearly training plans) to the online form available at <https://paralympic.ca/funding-opportunities>. Please ensure all documentation is complete before submitting the online form.



## PART A: ORGANIZATIONAL INFORMATION

1. Organization Name:
  
2. Eligibility of Organization:
  
3. Parasports offered by your organization (List all that apply for both summer and winter sports).
  
4. What is your organization's mandate and mission? Provide 1-2 sentences from an existing organizational constitution, or a brief description of why your organization exists:
  
  
  
  
  
  
  
  
  
  
5. Describe your organization's typical activities including programs and resources.  
When describing your activities, please make specific mention of the organizations you regularly partner with.

Note: You can include activities for both para and able-bodied athlete programming, but be sure to distinguish which is which.



6. Who participates in your organization's activities or programs? Please describe your membership. Provide an approximate breakdown of membership by: age, role (athlete, coach, sport assistant etc.), impairment type (visual/sensory, physical or intellectual), level of training/competition, etc. If you are applying for funding for an individual athlete or training group, you will be asked for more details on their training plan later in the application.

***Note: You may include members for both para- and able-bodied members, but be sure to distinguish which is which. Be honest about your numbers: The Review Team has a strong understanding of the Paraspport environment and understands that low numbers do not necessarily reflect the strength or quality of the program.***



## PART B: PROJECT INFORMATION

7. Project Name:

8. Sport(s) included in your project:

9. Anticipated Project Start Date:

10. Select all that funding categories that apply to your project. Be sure to refer to these categories in your project description in Question 12.

Recruitment

Equipment

Training Camps

Coaching

Competition

Athlete Support

11. Please indicate which grant amount you are applying for (\$5,000, \$7,500 or \$10,000). Only one amount may be selected.

**Grant Amount:**



12. Describe the program or initiative for which you will be using the funding and why your initiative is important. Be sure to briefly note any partners you will collaborate with to deliver this initiative and note that the review team may prioritize projects that display strong and relevant partnerships. There will also be a section below to elaborate on partnership details.



13. Please list the delivery partners involved in your project and the nature of your relationship with each partner. Please specify if you are collaborating with your sport's NSO or PSO and their role within the project.

**National Sport Organization (NSO) Partner:**

Role in Project (if applicable):

Contact Name:

**Provincial Sport Organization (PSO)/Disability Sport Organization (DSO) Partner:**

Role in Project (if applicable):

Contact Name:

Other Delivery Partners (municipal, community, service providers etc.):

<b>Organization Name</b>	<b>Role in Project</b>	<b># Years Working with Partner</b>





**Complete the following only if you are applying for Individual Athlete or Training Group support funds**

15. Please provide a detailed description of your athletes' seasonal or yearly training plan (YTP) including competition schedules, training camps and key milestones. Only a month by month plan is necessary.

***\*If you already have a YTP completed for your athletes, you do not have to complete this section. Please upload a copy of the YTP when you submit your application.***

<b>Month</b>	<b>Practices per week</b>	<b>Training Camps</b>	<b>Competition</b>
<i>e.g. July</i>	<i>2-4</i>	<i>Provincial Development Camp</i>	<i>Provincial U18 Championships</i>



## PART C: FINANCIAL INFORMATION

16. Please detail your entire project budget but be sure to separate expenses that will be covered by CPC and those that will be covered by additional revenue sources. Projects with diverse revenue sources may receive a higher priority for funding.

REVENUES	BUDGET
<i>Insert all revenue sources:</i>	<b>Amount</b>
CPC Paralympic Sport Development Fund	\$
	\$
	\$
<b>Total Project Revenues</b>	<b>\$</b>
EXPENSES	Amount (\$)
<i>Insert all project expenses:</i>	<b>Amount (\$)</b>
<b>Expenses to be covered by CPC Funding:</b>	
<i>Example: Coach salary 25hrs @ \$25/hr (CPC Grant)</i>	<i>\$ 625</i>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Expenses (covered by CPC)</b>	<b>\$</b>
<b>Expenses to be covered by additional funding sources:</b>	
	\$
	\$
	\$
	\$
	\$
<b>Total Expenses (covered by additional revenue sources)</b>	<b>\$</b>
<b>Total Project Expenses</b>	<b>\$</b>



## PART D: FINAL CHECKLIST

Please ensure the following documentation are completed and uploaded to the online application form.

I have reviewed the grant guidelines and my application is eligible under 2021-2022 Paralympic Sport Development Guidelines.

The Paralympic Sport Development Fund application form is complete (**Part A:** Organizational Information, **Part B:** Project Information, **Part C:** Financial Information).

A financial statement summary from the most recently completed operational year, **or** a letter of endorsement from your organization's financial representative is complete (such as a treasurer).

If required, I have a detailed Yearly Training Plan (YTP) and athletes names who are in the program

I understand and give permission that our organizational information (club name, web site etc.) will be included in the CPC Find a Club online tool and supporting recruitment initiatives; this will not include any shared organizational financial information.

Yes

No

I \_\_\_\_\_ (Name of Key Contact) confirm on behalf  
of \_\_\_\_\_ (Name of Organization)  
verify that the information submitted in this application is factual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date