



2021 “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:



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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:

- ☐ 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).
- ☐ Agree to participate in a media interview as a testimonial to the value of the assistance provided by KidSport.

Others? _____



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 October 1, 2021.

Grant to be spent by October 1, 2022.

Email to:

activegirls@kidsportvictoria.ca