



2024 "PLAY IT FORWARD" AWARD APPLICATION (up to \$1000 GRANT)

	N – MUNICIPAL RECREATION DEPT., SCHOOL OR st 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 organiz	zations who have not received an award in the previous 2 years	
PART B – PURPOSE OF THE GRANT (Please of	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		
LEADERSHIP DEVELOPMENT FOR YOUNG FEMALES (E.G., COACHING, TEACHING, OFFICIATING, ADMINISTRATION)		
DESCRIPTION OF THE INITIATIVE:		
Describe the applicant organization including	ng membership and/or partnerships:	

www.kidsportvictoria.ca





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(\$1000 GRANT)

Describe (1) the program to be offered and how this grant will help achieve its goals; and (2) your		
organization's commitment to, and certification in, safe sport practices (e.g., Play Safe BC, CAC - Safe Sport).		
organization's communication and certification in, sale sport practices (e.g., riay sale be, exe successful).		
Indicate what the grant will be used for and how you plan to sustain the activity on an ongoing basis:		
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Indicate numbers of girls and the age group who will benefit from the project and, and describe how you		
will remove barriers that may impact 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.		
Other?		
-		

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Email to:

activegirls@kidsportvictoria.ca



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, 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 Greater 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, 2024. Grant to be spent by May 1, 2025.		

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