

KIDSPORT™ IROQUOIS FALLS GRANT GUIDELINES

1. Grants to individual athletes are designed to help the athletes overcome social and economic barriers that have prevented or limited their participation in sport or recreational activity.
2. An individual may apply for more than one sport/activity in a calendar year provided the maximum grant is not exceeded. A separate application is required for each sport/activity. Consideration will be based on availability of funds.
3. Only individuals 18 years & under are eligible for a grant.
4. Grants are primarily for payment of registration fees and / or equipment and are to be used only in activities that demonstrate a sustained sport or recreation experience (i.e. led by a qualified coach).
5. Average grants generally range from **\$50** to maximum of **\$400** and are paid directly to the organization.
6. Preference is given to athletes who are being introduced into organized sport or recreational activity for the first time. **Recurring applicants MUST RETURN equipment previously funded by KidSport before re-applying.**
7. Elite camps, travel to playoffs and/or championships are **NOT** grant eligible.
8. Sport activities are encouraged to be a member sport organization of the Sport Alliance of Ontario.
9. All applicants must be residents of Iroquois Falls. Exception: An application from outside the boundaries of Iroquois Falls will be considered if applicant is participating in an organization located in Iroquois Falls.
10. A parent/guardian must initiate the application on behalf of an individual.
11. **Coaches, registrars and/or directors of clubs/leagues are not accepted as applicants.**
12. KidSport™ Iroquois Falls funds are not meant to replace existing recreation or social services funding for sport / recreation participation.
13. The KidSport™ Iroquois Falls adjudication committee will endeavor to process applications within **30** days of receipt.
14. Please note that only fully completed forms accompanied by the required financial information will be considered. If you require assistance in completing the form or have questions, please call **705 - 232-6717**
15. **The parent or guardian must complete the form and attach proof of family income.**
16. KidSport™ Iroquois Falls and its members to the best of their abilities will protect the confidentiality of all applicants.
17. Guidelines are subject to change by the KidSport™ Iroquois Falls Board of Directors.
18. KidSport™ Iroquois Falls is a charitable organization reliant upon community contributions. KidSport™ Iroquois Falls will endeavor to respond to the requests based upon availability of funds.



Iroquois Falls

OFFICIAL GRANT APPLICATION

(Revised January 18, 2020)

www.kidsportcanada.ca/ontario/iroquois-falls/

Charitable registration # 86212 5986 RR0003

Application must include the following:

- notice of assessment/income tax summary or most recent pay stub/statement of monthly assistance
- proof of program registration
- quotation from retailer if requesting equipment

N.B. Invoice from sport organization is required following grant approval

**ONLY COMPLETE APPLICATIONS
WILL BE CONSIDERED**

****Application must be received prior to program start date**
APPLICATION DEADLINE - DECEMBER 15**

Please mail completed application to:

KidSport™ Iroquois Falls, Attn: Adjudication Committee

P. O. Box 1301, Iroquois Falls, Ontario POK 1G0

Phone: 705- 232-6717 E-mail: senseiproulx@hotmail.com

ATHLETE INFORMATION

Parents or legal guardians must submit separate applications for each athlete.

NAME: _____
DATE OF BIRTH (D/M/Y): ____ / ____ / ____ Male or Female: ____
MAILING ADDRESS: _____
CITY & POSTAL CODE: _____
TELEPHONE: _____
EMAIL: _____
Has this athlete received previous KidsSport™ funding?: Y ___ N ___

PARENT/GUARDIAN INFORMATION

NAME: _____
RELATIONSHIP TO ATHLETE: _____
MAILING ADDRESS: _____
CITY & POSTAL CODE: _____
TELEPHONE: Daytime: _____ Evening: _____

Number of Children in the Family not working _____

Date: _____
year / month / day

Signature of Parent/Guardian: _____

PROOF OF FAMILY INCOME:

Total Family Size (adults + children)	Total Household Income	If your total household income EXCEEDS OUR GUIDELINES, and you believe your child meets financial criteria, a confidential telephone or one on one interview with member of adjudication committee will be required explaining the family's unique economic / social situation
2 people	Less than \$28,000	
3 people	Less than \$35,000	
4 people	Less than \$41,000	
5 people	Less than \$47,000	
6 people	Less than \$53,000	
7 people	Less than \$59,000	

Proof of TOTAL HOUSEHOLD INCOME must include Notice of Assessment or Income

Tax Summary or most recent pay stubs or Statement of Assistance for one month.

GRANT INFORMATION

NAME OF SPORT: _____
NAME OF ORGANIZATION: _____
ORGANIZATION CONTACT: _____
POSITION OF CONTACT: _____
MAILING ADDRESS: _____
TELEPHONE: _____
FAX: _____
EMAIL: _____

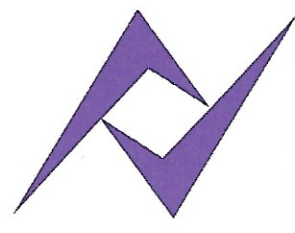
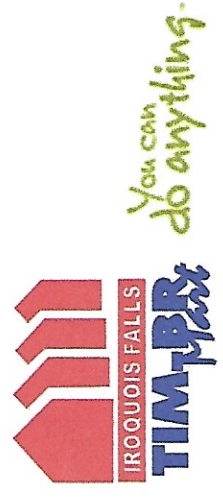
FUNDING REQUEST

An applicant may only receive a grant for registration fees and/or equipment for a recognized sport organization or physical recreational program.

REGISTRATION FEES: \$ _____
EQUIPMENT: \$ _____
TOTAL REQUEST: \$ _____ (Cannot exceed \$400.00)



KIDSPORT IROQUOIS FALLS CORPORATE SPONSORS



ECOLE SECONDAIRE ALLIANCE

IROQUOIS FALLS CHIROPRACTIC
Dr. Evin R. Thomson
243 MAIN STREET
(705)232-2220



ANGLICAN
IROQUOIS FALLS, ON



THANK YOU FOR YOUR SUPPORT