

## 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 March 29, 2023)

[iroquoisfalls@kidsportontario.ca](mailto:iroquoisfalls@kidsportontario.ca)

*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- 232-8364**

*You can also apply online by reading QR code below*

**E-mail: [iroquoisfalls@kidsportontario.ca](mailto:iroquoisfalls@kidsportontario.ca)**



**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: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME: \_\_\_\_\_  
RELATIONSHIP TO ATHLETE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY & POSTAL CODE: \_\_\_\_\_  
TELEPHONE: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_  
EMAIL: (MANDATORY) \_\_\_\_\_

Has this athlete received previous KidSport™ funding?: Y \_\_\_ N  
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 <b>EXCEEDS OUR GUIDELINES</b> , and you believe your child meets financial criteria, a <b>confidential</b> 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 \$34,872	
3 people	Less than \$42,871	
4 people	Less than \$52,053	
5 people	Less than \$59,036	
6 people	Less than \$66,584	
7 people or more	Less than \$74,131	

**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.**

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)**

