



# Administrative/Operation Grant Application Form 2006-2007

**Name of Sport:** \_\_\_\_\_

**Officers**

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

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ Tel: (W) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Vice-President:** \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ Tel: (W) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ Tel: (W) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Secretary** \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: (H) \_\_\_\_\_ Tel: (W) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Other Members**

Name	Position	Tel (W)	Tel (H)

Please check one of the following: a) Our organization is submitting a two-year plan  **or**  
 b) Our organization is submitting an alternate year action plan update

Area in which the activity is actively carried out:  
 Prince County  Queens  Kings

Number of active members\*\* in your association: \_\_\_\_\_

Number of executive meetings held last year: \_\_\_\_\_

**Prior to any application being considered for funding the following must accompany your submission:**

1. Financial statement for the past fiscal year.\* (Audited or Third Party Review Page 2).
2. A summary or annual report of the past year's activity by your association, e.g., annual meeting minutes, clinics, competitions, leadership development, expansion of programs, special events.
3. For each project support funding received in the previous year, a short account of each project's measurable impact/outcome and the names of participants who took part must be submitted.
4. The organization must submit their two-year organizational plan and in the off-year submit a report of actual activities carried out for year one and any update(s) for year two plan.
5. Your association must include a listing of all individuals registered with your association for the previous year.

<b>Number of Registered members:</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Athletes			
Coaches			
Officials			
Executive			
Other (Explain)			
<b>** The member must be actively involved in your association as an athlete, coach, manager, official or executive member and have paid a nominal registration fee.</b>			

6. Each PSO must submit their minimum coaching standards for team travel.

**\* Financial records must show and recognize that the Sport and Recreation Division, Department of Community and Cultural Affairs contributed to your organization.**

This form has been completed by:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Return completed application to:

Ted Lawlor, Sport and Recreation Division  
 Department of Community and Cultural Affairs  
 PO Box 2000, Charlottetown, PE CIA 7N8

Tel: (902) 368-4783  
 Fax: (902) 368-4663

Your organization must agree to comply with the Canadian Policy Against Doping in Sport and assist with its implementation.

**All applicants must adhere to deadlines when applying. Refer to page 6 of this booklet.**