



Olympic/Paralympic Live Sites Application

IMPORTANT: THIS SIMPLIFIED APPLICATION FORM IS INTENDED TO BE ONLY USED FOR THOSE PROJECTS INVOLVING THE PURCHASE OF EQUIPMENT AND RELATED COSTS.

PLEASE READ THE OLYMPIC/PARALYMPIC LIVE SITES GUIDELINES BEFORE COMPLETING THE APPLICATION.

Please type or print clearly

The information collected on this form and any supplementary information (of a personal nature or otherwise) is collected under the Olympic/Paralympic Live Sites Program and is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. The information will be used to assess eligibility for program funding. For more information regarding this form please refer to the contact information at the end of the form.

1 ORGANIZATION

Name of Organization		
Contact Person	Phone (Business)	Phone (Business Alternate)
Position Title	Fax Number	
Mailing Address		Postal Code
Business E-mail Address		

2 PROJECT

Project Description	
Attach any additional information, letters of local support, etc.	
Street Address of Where Equipment is to be Located, Including Postal Code	Amount requested from Olympic/Paralympic Live Sites \$
Project Start Date	Total Project Cost \$
Project Completion Date	

3 PUBLIC INTEREST

Please indicate how many people will benefit from the project.

COMMUNITY USE	Estimated Number of Users on an Annual Basis

4 PUBLIC ACCESSIBILITY

Who will use this equipment, who will control and authorize use, and how much will it cost to use it?

5 AUTHORITY TO USE FACILITY

Please attach written evidence that you are authorized by the facility owner to store and use the equipment as you intend.

6 OPERATING BUDGET

Will there be any annual operating or maintenance costs for the completed project?

No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain who will pay these costs.

7 PROJECT BUDGET

Attach a project budget showing expenditures for your project. If applicable include the equipment purchase costs, installation and calibration costs along with any other associated costs.

NOTE: Donated assets are NOT eligible project costs.

Olympic/Paralympic Live Sites awards are not paid in advance. The project budget must indicate how the project will be financed.

OLYMPIC/PARALYMPIC LIVE SITES AWARDS ARE NOT RETROACTIVE
Applications received after the equipment has been purchased cannot receive funding.

8 PROJECT SUPPORT

Please list separately money you have requested but has not been confirmed, and money that has been confirmed.

A. Support from the Community
 Please provide information about your fundraising efforts for this project. List any applications or donations. Please list contact people and phone numbers.

	NAME	CONTACT and PHONE	AMOUNT	
			Requested	Confirmed
i.	Service Clubs, Community Groups or Foundations			
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
ii	Fundraising Activities			
	_____	_____	\$ _____	\$ _____
TOTAL "A"			\$ _____	\$ _____

B. Support from Governments
 Please provide information about applications for government support.

	DEPARTMENT	CONTACT and PHONE	AMOUNT	
			Requested	Confirmed
i.	Federal or Provincial (other than Olympic/Paralympic Live Sites)			
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
ii	Municipal or Regional			
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
TOTAL "B"			\$ _____	\$ _____

Applications are not reviewed until a Project Budget is received.

Certification

We Certify that:

1. To the best of our knowledge all the information contained in this application is true and complete.
2. When the project is complete, we will send a letter outlining the community benefits of the project to the Olympic/Paralympic Live Sites office.
3. The financial records of this project (such as paid invoices and cancelled cheques) will be available for audit and on site inspection by any person who the provincial government authorizes in writing.
4. If Olympic/Paralympic Live Sites provides any signs that recognize or announce to the public the provincial participation in this project, they will be displayed as provided without being changed in any way.

TWO AUTHORIZED MEMBERS OF THE ORGANIZATION MUST SIGN THE APPLICATION. UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

Name (please print)		Signature
Position	Date	

Name (please print)		Signature
Position	Date	

FOR MORE INFORMATION, PLEASE CONTACT:

**Olympic/Paralympic Live Sites
Mailing Address: PO Box 9327, Stn Prov Govt
Victoria, British Columbia V8W 9N3
Location: 7th Floor, 1810 Blanshard Street
Victoria, British Columbia**

**Telephone: (250) 952-0675
Fax: (250) 952-0688**