

**Indigenous Sport & Wellness Ontario
Community Sport Fund Application 2020-2021
Due: July 15, 2020 at 11:59 pm EST**



MAIN PROJECT LEAD INFORMATION

Full Name (First, Last):

Preferred Name (if different from given name):

Phone:

Email:

Fax:

Position/Title/Role(s):

AFFILIATED ORGANIZATION/COMMUNITY INFORMATION

Organization/Community Name:

Leadership Contact Full Name: (i.e Executive Director, Director of Recreation, or Council Member)

Phone:

Email:

Fax:

Registered Charity / Incorporation number:

Website:

PROJECT TITLE

***OPTIONAL* PROJECT LEAD STORY**

We would like to learn more about the Project Lead for the program to support future relationship building. It is important for us to get to know you, so please feel free to share whatever information you feel is important to introduce yourself, and what motivates and inspires you? We appreciate anything you might choose to share.

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WHAT COMMUNITY SOCIAL DEVELOPMENT OUTCOME(S) WILL YOUR PROJECT ADDRESS? Ensure the community social development need(s) you select are clearly outlined in your project description.

COMMUNITY SOCIAL DEVELOPMENT OUTCOME	<input checked="" type="checkbox"/>
Improved Health	<input type="checkbox"/>
Improved Education	<input type="checkbox"/>
Reduced at-risk Behaviour	<input type="checkbox"/>
Improved Employability	<input type="checkbox"/>

SCOPE OF THE PROJECT WHAT.WHY.HOW

Describe your project and the main objectives you would like to accomplish?

Why is your project needed, and why is now the right time to be doing it?

How does your project align with your selected community social development outcome(s)?

How will you provide a safe space when delivering programming?

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SCOPE OF THE PROJECT WHEN - WHO - WHERE

Note: We do not fund retroactively, so choose your project start date so that it falls after the date when you would receive notification that your grant has been approved.

Where will the project take place?	
Start Date:	End Date:

CIRCLE SUPPORT - NETWORK - COMMUNITY - PARTNER - TEAM

List the collaborative organizations or communities you are partnering with to make this project a success. Describe each organization's role to the project (i.e., financial, time, location, space, etc.) and indicate the status of the partnership.

Organization/Community/Partner	Role in the project	Status of Partnership (anticipated or confirmed)

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IMPACT LEARNING - SHARING

What impact do you expect this project to have? (e.g. self-confidence, social skill development)

How will you know whether your project is successful? (e.g. changing attitudes and behaviours)

How will you share the learnings and use them in future programming? (e.g. an infographic)

How will you decide whether to continue the project in the future?

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PROJECT COSTS (total project cost, total requested amount)

Amount Requested:	
Fundraising Goal (if applicable):	
Additional Sources (In-kind, etc):	
Total Cost:	

Amount Requested (\$)	Description of Cost

Comments:

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***OPTIONAL* CONNECTING ON SOCIAL MEDIA** ISWO would like to connect with you on social media. Please add any applicable social media handles:

TWITTER	
FACEBOOK	
INSTAGRAM	
LINKEDIN	
OTHER	

***OPTIONAL* ATTACHMENTS:**

- Share an image that represents your project

REQUIRED ATTACHMENTS:

- Letter of support from the leadership of the Indigenous community/organization benefiting from the project

- By checking this box, you agree that the above information is accurate and true.
- By checking this box, you acknowledge that you have read the Community Sport Fund Guidelines for 2020-2021 and agree to the terms and conditions of the funding.
- By checking this box, you acknowledge that you have signing authority for the organization/community submitting the application.

Signature:
Full Name (first, last):
Date:

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SUBMISSION INFORMATION

Email Submissions

We encourage you to submit your application package electronically to the following email address:
info@iswo.ca

The email must be received no later than **11:59 pm EST on July 15, 2020** for your application to be considered.

Mail or Fax Submissions

You can mail your complete application package to:

*Attn: Megan Logeman
Indigenous Sport & Wellness Ontario
1090 Aerowood Drive, Unit 1A
Mississauga, ON
L4W 1Y5*

Your application must be postmarked no later than the published deadline in order to be considered.

You can fax your complete application package to: **905-412-0325**