

### MAIN PROJECT LEAD INFORMATION

Full Name (First, Last):		
Preferred Name (if different from given name):		
Phone:	Fax (if applicable):	
Email:		
Position/Title/Role(s):		

### AFFILIATED ORGANIZATION/COMMUNITY INFORMATION

Organization/Community Name:			
Leadership Contact/Full Name of Individual with Signing Authority (i.e., Executive Director, Director of Recreation, or Band Council Member):			
Phone:	Fax (if applicable):		
Email:			
Band Number/ Registered Charity / Incorporation number:			
Website:			
Have you or the organization previously received funding or have been awarded a grant from ISWO? Yes No If yes, please list which grant, the amount of funding awarded, and the year received:			

#### AMOUNT REQUESTED AND STREAM SELECTION

Please select the stream that best fits the goals and expected outcomes of your proposed program.

Amount Requested (Maximum \$5,000.00): STREAM 1: Programming for the general Indigenous population (First Nation, Métis, Inuit). STREAM 2: Programming specifically intended for Indigenous women and girls, and/or Two Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and/or asexual (2SLGBTQQIA+) people.



### SCOPE OF THE PROJECT

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.

Project Title:	
Start Date:	End Date:

#### COMMUNITY SOCIAL DEVELOPMENT OUTCOME(S)

Please select all the social development outcomes that your project will address. Ensure the ones you select are clearly outlined in your project description.

Improved Health	Reduced At-Risk Behaviour
Improved Education	Improved Employability

#### ORGANIZATIONAL CAPACITY

Describe your organization's experience undertaking similar projects (What has been learned? What will you continue to do? What changes will occur, if any, for future projects?). Include any relevant information to support your organization's ability to successfully deliver and report about this project (i.e., what were other projects delivered; who managed them; what was the result?).

#### **PROJECT DESCRIPTION**

Describe your project and the main objectives (number of participants, frequency of programming, target of age group, potential community partnerships, etc.) you would like to accomplish.



How does this project address a community need (include any barriers you may face)? Please specify if this fund is supporting a new program or enhancing an existing program within the community.

How does your project align with your selected community social development outcome(s), and what will the impacts be for the participants?

Please identify 3 to 5 measures that you will use to evaluate the success of the program (i.e., number of participants, new skills learned, games played, certifications awarded, survey results, etc.).



### **PROJECT COSTS**

Please provide an estimate cost of your project by activity and item. Only project-related expenses, which can be of cash and in-kind, are eligible. Please refer to guidelines for full list of eligible expenses.

Program Items (Honorarium, equipment, supplies, other, etc.)	Description of Cost	Quantity	Cost Per Item	Total Estimated Cost (\$)
Example: Sport Equipment	Soccer Balls for community programming	20	\$20.00	\$400.00
Total Estimated Cost:				
Additional Sources of Funding (In-kind, etc.,):				
Total Project Cost:				
Total Amount Requested (Max \$5,000.00):				
Additional Details:				



### CONNECTING ON SOCIAL MEDIA \*Optional

ISWO would like to connect with you on social media. Please add any applicable social media handles:

TWITTER	
FACEBOOK	
INSTAGRAM	
LINKEDIN	
OTHER	

#### **REQUIRED ATTACHMENTS:**

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

#### ACKNOWLEDGEMENTS

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 2022 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

Signature:

Sign or Initial - I have signing authority to submit this application

Full Name (first, last):

Date:



### 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 June 13, 2022** for your application to be considered.

### Mail or Fax Submissions

You can mail your complete application package to:

Attn: Daniel Smith Indigenous Sport & Wellness Ontario 1090 Aerowood Drive, Unit 1A Mississauga, ON L4W 1Y5

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

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

If you require reasonable accommodation in completing the application, please direct your inquiries to your Regional Coordinator. To check which region you are in, please <u>click here</u>.

- Gary Lynch, Northwest Regional Contact gary.lynch@iswo.ca
- o Carlyn Johnston, Northcentral Regional Contact carlyn.johnston@iswo.ca
- Justin Sackaney, Northeast Regional Coordinator justin.sackaney@iswo.ca
- Josh Carpenter, Central Regional Coordinator josh.carpenter@iswo.ca
- Hannah Leaf Southeast Regional Coordinator <u>hannah.leaf@iswo.ca</u>
- Carmen Jones, Southwest Regional Coordinator <u>carmen.jones@iswo.ca</u>