

Deadline: December 15, 2022, at 11:59pm EST

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	ON
Organization/Community Name:	
Leadership Contact/Full Name of Individual with Signing Auth Council Member):	ority (i.e., Executive Director, Director of Recreation, or Band
Phone:	Fax (if applicable):
Email:	
Band Number/ Registered Charity / Incorporation number:	
Website:	
Have you or the organization previously received funding or h If yes, please list which grant, the amount of funding awarded	-
SCOPE OF THE PROJECT Note: We do not fund retroactively, so choose your project start d notification that your grant has been approved.	ate so that it falls after the date when you would receive
Project Title:	
Start Date:	End Date:



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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 Behavior
Improved Education	Improved Employability
	ects. What has been learned? What will you continue to do? What information to support your organization's ability to successfully cts delivered; who managed them; what was the result?).
PROJECT DESCRIPTION	
1	of participants, frequency of programming, target of age group, mplish. Please clearly describe how this project will promote water directeration activities.
How does this project address a community need or challenge a activities? Please specify if this fund is supporting a new program	around water safety and participation in water sport and recreation m or enhancing an existing program within the community.



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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, certifications awarded, survey results, etc.).



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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: Life Jackets	For youth canoe program	20	\$50.00	\$1000.00
Example: Swimming Classes	For certified instructor to teach a 1-hour swimming class, once a week for 3 months, for youth ages 5-10.	10 youth		\$1500.00
Total Estimated Cost:				
Additional Sources of Funding (In	n-kind, etc.,):			
Total Project Cost:				
Total Amount Requested (Max \$2	10,000.00):			
Additional Details:				

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

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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 Water Safety Fund Guidelines for 2022-2023 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



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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 December 15, 2022** for your application to be considered.

Mail Submissions

You can mail your complete application package to:

Attn: Crystal Gionette

Indigenous Sport & Wellness Ontario (ISWO) P.O Box 274 Nipigon, ON POT 2J0

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

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