

Deadline: January 5, 2024, at 12:00pm 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 INFORMATIO	N	
Organization/Community Name:		
Leadership Contact/Full Name of Individual with Signing Authorouncil 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 have been awarded a grant from ISWO? Yes No If yes, please list which grant, the amount of funding awarded, and the year received:		
SCOPE OF THE PROJECT Note: We do not fund retroactively, so choose your project start do 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
changes will occur, if any, for future projects? Include any n	ar projects. What has been learned? What will you continue to do? What relevant information to support your organization's ability to successfully r projects delivered; who managed them; what was the result?).
PROJECT DESCRIPTION	
	of participants, frequency of programming, target of age group, potential plish. Please clearly describe how this project will enhance opportunities ecreation or wellness programming.
	ude any barriers you may face) directly impacting Indigenous women and ram or enhancing an existing program within the community.



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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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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 women and girls' community soccer league.	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:				



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

TWITTER		
FACEBOOK		
INSTAGRAM		
LINKEDIN		
OTHER		
REQUIRED ATTAC	CHMENTS:	
Letter of su	upport from the leadership of the Indigenous community/organization benefiting from the project.	
ACKNOWLEDGEN	AENTS	
By checking	g this box, you agree that the above information is accurate and true.	
By checking this box, you acknowledge that you have read the Women & Girls Sport Fund Guidelines for 2023-2024 and agree to the terms and conditions of the funding.		
	g this box, you acknowledge that you have signing authority for the organization/community the application.	
SIGNATURE		
Signature:		
Sign	or Initial - I have signing authority to submit this application	
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 **12:00 pm EST on January 5, 2024** 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 one of the following contacts for support. To check which region you are in, please <u>click here</u>.

- o Deidre Debassige, Women & Girls Program Manager deidre.debassige@iswo.ca
- Cami Carpenter, Northwest Regional Contact <u>cami.carpenter@iswo.ca</u>
- o Parker Pero, Northcentral Regional Contact parker.pero@iswo.ca
- o Josh Carpenter, Central Regional Coordinator josh.carpenter@iswo.ca
- o Hannah Leaf Southeast Regional Coordinator hannah.leaf@iswo.ca
- o Carmen Jones, Southwest Regional Coordinator carmen.jones@iswo.ca