

Deadline: April 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 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:				

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.



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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 Behavior				
Improved Education	Improved Employability				
	ects. What has been learned? What will you continue to do? What nt information to support your organization's ability to successfully cts delivered; who managed them; what was the result?).				
PROJECT DESCRIPTION					
	ticipants, frequency of programming, target of age group, potential Please clearly describe how this project will enhance opportunities on or wellness programming.				
	ny barriers you may face) directly impacting Indigenous peoples in id is supporting a new program or enhancing an existing program				



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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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PROJECT COSTS

Please provide an estimated 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 a full list of eligible expenses.

Program Items (Honorarium, equipment, supplies, other, etc.)	Description of Cost	Ouantitv	Cost Per Item	Total Estimated Cost (\$)		
Example: Sport Equipment	Basketballs for community basketball league.	20	\$20.00	\$400.00		
Total Estimated Cost:						
Additional Sources of Funding (In						
Total Project Cost:						
Total Amount Requested (Max \$2						
Additional Details:						



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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 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.
-	g this box, you acknowledge that you have read the Northern & Remote Community Recreation Fund 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):



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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 April 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



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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 Cami Carpenter, Northwest Regional Coordinator cami.carpenter@iswo.ca
- o Parker Pero, Northcentral Regional Coordinator 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
- o Zach Fraleigh-Whiteye, Sport, Events & Athlete Services Manager zach.fraleigh@iswo.ca
- o Deidre Debassige, Well Nation & Women & Girls Manager deidre.debassige@iswo.ca