

Deadline: November 8, 2025, at 5:00pm 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	IN .	
Organization/Community Name:		
Leadership Contact/Full Name of Individual with Signing Autho 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 half yes, please list which grant, the amount of funding awarded,		

#### **SCOPE OF THE PROJECT**



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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 Behavior			
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				
	ber of participants, frequency of programming, target of age group, potential amplish. Please clearly describe how this project will enhance opportunities for ecreation or wellness programming.			
	include any barriers you may face) directly impacting Indigenous women and program 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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#### **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.,):				



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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 Women & Girls Sport Fund Guidelines for 2024-2025 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.



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#### **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 **5:00 pm EST on November 8, 2024** for your application to be considered.



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#### **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 and/or support in completing the application, please direct your inquiries to our Women and Girls Program Manager, Deidre Debassige whom can be reached by phone at **(705)** 662-8279 or by email at <u>deidre.debassige@iswo.ca</u>.