



# Indigenous Sport & Wellness Ontario Northern & Remote Communities Recreation Fund Application 2024-2025

Deadline: April 25, 2025, at 12:00pm EST

## MAIN PROJECT LEAD INFORMATION

Full Name (First, Last):	
Position/Title/Role(s):	
Phone:	Fax (if applicable):
Email:	
Mailing Address:	

## 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.

Project Title:
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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

## 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. Please clearly describe how this project will enhance opportunities for your community to access and participate in sport, recreation or wellness programming.



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How does this project address a community need (include any barriers you may face) directly impacting Indigenous peoples in northern and remote communities? 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, certifications awarded, survey results, etc.).





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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:

<b>TWITTER</b>	
<b>FACEBOOK</b>	
<b>INSTAGRAM</b>	
<b>LINKEDIN</b>	
<b>OTHER</b>	

**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 Northern & Remote Communities Recreation 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.

**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](mailto:info@iswo.ca)

The email must be received no later than **12:00 pm EST on April 25, 2025** 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**

**Submission Assistance**

If you require reasonable accommodation and/or support in completing the application, please direct your inquiries to our Well Nation Program Manager, Deidre Debassige, who can be reached by phone at **(705) 662-8279** or by email at [\*\*deidre.debassige@iswo.ca\*\*](mailto:deidre.debassige@iswo.ca).