

# Community Sport Delivery Program Program Application



## ORGANIZATION INFORMATION

Local Sport Organization Name:	
Mailing Address:	
President:	Phone:
BC Society #:	
Date Organization was established:	

## APPLICANT INFORMATION

Contact Name:	
Mailing Address:	
Phone (Work):	Phone (Home):
Email Address:	
Date of Application:	

## SPORT INFORMATION

Please indicate the number of participants that are registered with your organization.		Current Year		Previous Year		2 Years Prior	
		AS	FUN	L2T	T2T	T2C	A4L
For the current year, at what stages of the CS4L are your participants?	CS4L Stages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What types of sport programs are offered to participants? Please check all boxes that apply for each age group. Participation (e.g. - development programs, physical literacy) Performance (e.g. - competitions, events)	Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When does your sport organization offer programs? Please check all boxes that apply for each age group.	Fall Sep-Nov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Winter Dec-Feb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spring Mar-May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Summer Jun-Aug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Canadian Sport for Life (CS4L) Stages Key**

AS - Active Start	T2T - Train to Train
FUN - Fundamentals	T2C - Train to Compete
L2T - Learn to Train	A4L - Active for Life

Please indicate the number of coaches, officials and administrators that are supporting your organization.		Current Year		Previous Year	2 Years Prior
		Yes	No	Comments	
Are any of your coaches, officials or administrators paid? If yes, please indicate the number in the space provided.		<input type="checkbox"/>	<input type="checkbox"/>		
Are your coaches, officials and administrators required to have training or certification(s)? (e.g. - NCCP, First Aid etc.) If yes, please specify in the space provided.		<input type="checkbox"/>	<input type="checkbox"/>		
Does your organization provide support or training opportunities for your coaches, officials or administrators? If yes, please specify in the space provided.		<input type="checkbox"/>	<input type="checkbox"/>		
Are there other roles/responsibilities in your organization that are being filled by paid staff or volunteers? If yes, please specify.		<input type="checkbox"/>	<input type="checkbox"/>		
		Yes	No	Comments	

Does your organization require specific facilities/fields for the delivery of your programs? If yes, please provide a brief description in the space provided.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization require specific equipment for the delivery of your programs? If yes, please provide a brief description in the space provided.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your organization host any events/competitions? If yes, please specify in the space provided.	<input type="checkbox"/>	<input type="checkbox"/>	
Does your Provincial Sport Organization endorse/support your application? If yes, please indicate their level of support.	<input type="checkbox"/>	<input type="checkbox"/>	

Please attach additional pages if more space is required.

Please indicate the greatest successes/achievements for your organization in the previous year:
Please indicate the most significant challenges that your organization has faced in the previous year:
Please list your organization’s priorities for the upcoming year:
How will the community benefit from the development of your sport?
If approved, how will your organization match funding for this program? Please specify the amount that your organization will be able to match (up to \$5,000.00).
If approved, how does your organization intend to use the funding from this program?

**STATEMENT**

I declare the information in this application is accurate.

Representative completing this form:

Name (print):	Address:	Signature:	Date:

Current Board Member of the Local Sport Organization:

Name (print):	Address:	Signature:	Date:

Representative of the Provincial Sport Organization:

Name (print):	Address:	Signature:	Date:

Please complete the application form and submit to:

City of Kelowna, Sport Kelowna Centre  
 Attention: Community Sport Delivery Program Review Team  
 645 Dodd Road, Kelowna BC V1X 5H1  
 Fax: 250 862-3327