

## Teen Challenge Physical Activity Funding Program Application

1. Community Organization Information		
Full name of Organization:		
Organization mailing address (Address that will appear on cheque if application is approved):		
City/town:		
Postal Code:		
Main Contact First Name:		
Main Contact Last Name:		
Main Contact E-mail Address:		
Main Contact Phone Number:		
Alternate Contact Name (first & last):		
Alternate Contact E-mail Address:		
<b>Organization Details (circle answer):</b>		
Are you a non-profit/publicly funded organization?	Yes	No
Are you affiliated with a school? (After school program, lunchtime program, etc.)	Yes	No
Are you a for-profit organization, school team or an organized sport team?	Yes	No
Are you a member of Recreation NL?	Yes	No
Is there a registration fee (annual/seasonal fee) for youth to be apart of your organization?	Yes	No

## 2. Physical Activity Program/Event

Explain the program/event you are looking to get funded. Please include information on the following in your description:

- Getting youth who wouldn't be taking part in physical activity active
- Sustainability of the program beyond the completion of the program
- Number of community groups or partners involved in the program/event
- New program/event/experience for the youth, that is introducing them to physical activity they wouldn't otherwise be able to attend/experience
- Physical activity opportunity that the youth have expressed an interest in
- The funding will decrease or eliminate a cost to the youth (registration fee)
- Leadership role of the youth in the program

Name of your Program/Event:	
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Describe your Program/Event below (please include how the funds will be allocated):

Is your event an on-going program (4 weeks or longer) or a one-time event:	
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Program/Event Start and End Date:	
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How many times per week will your event occur?	
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Will you be charging the youth a registration fee for this program/event? If yes, please indicate how much?	
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### 3. Funding Request

Grant funding can offset costs for equipment, coaching/instruction, nutrition and transportation to allow youth to engage in their activities. Please complete all sections below. Funding of up to \$500 is available for on-going programs, or up to \$250 for one-time events.

**Please complete the following information:**

<b>How will the funding help youth to become more physically active</b> (Select all that apply):	
Form a new teen program	<input type="checkbox"/>
Add a new activity to an existing group	<input type="checkbox"/>
Enhance an existing program (e.g., better equipment, access to facility, etc.)	<input type="checkbox"/>
Expand a program (enable more teens to participate)	<input type="checkbox"/>
Raise awareness of inactivity crisis among teens and educate teens about the issue	<input type="checkbox"/>
Any additional information you would like to share with us:	

<b>Participant Breakdown</b> (estimate numbers if you don't know exact):		
How many teens are expected to participate?		
13-15 years old:		
16-19 years old:		
Female	Yes	No
Male	Yes	No
Any additional information you would like to share with us:		

<b>Leadership role of the youth in the program</b> (Select all that apply):	
Generated ideas for program/event	<input type="checkbox"/>
Involved in the creation of program/event	<input type="checkbox"/>
Any additional information you would like to share with us:	

**Please indicate the total amount of funding you are requesting**

In the 'Breakdown Details' section, please provide details of what exactly you are requesting (i.e., if you are asking \$100 for equipment, indicate what pieces of equipment you will be purchasing).

Budgetary Items	Amount Requested	Breakdown Details
<b>Facility/Space</b> See funding guidelines for maximums and restrictions		
<b>Equipment</b>		
<b>Transportation</b> See funding guidelines for maximums		
<b>Nutrition</b> See funding guidelines for maximums		
<b>Miscellaneous</b> (please explain)		
	<b>Total Amount Requested:</b>	

<b>Make Cheque Payable To:</b>
<b>Mailing Address (if different from Community Organization Mailing Address):</b>

## 4. Authorization

I certify that to my knowledge, the information provided in this grant application is accurate and complete and is endorsed by the organization/group that I represent and that I am authorized to enter into funding agreement on behalf of my community organization. I certify that my organization/group meets the basic eligibility criteria referenced in this application. I also certify that if successful for funding my organization/group will abide by all terms and conditions herein which will form the agreement between the parties involved.

If funded, I agree to:

- 1) Use the funding only for the purposes outlined in the original application.
- 2) Submit a final success story report within 30 days after the completion of the program or event. I acknowledge that failure to submit a final report will result in my organization/group being ineligible to receive future funding.
- 3) Acknowledge Recreation NL's contribution to this project where appropriate.
- 4) Return any funds that are not used for the purposes outlined in the application.
- 5) Give Recreation NL the ability to use this information for communication purposes.

**Name (please print):**

**Title/position:**

If application is emailed, typing the name below will satisfy the signature requirement.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**Please submit this application to:**  
**Recreation NL**  
**1296A Kenmount Road**  
**Paradise, NL A1L 1N3**  
**Email: Victoria Hann - [physicalactivity@recreationnl.com](mailto:physicalactivity@recreationnl.com)**  
**Fax: 709-729-3814**