APPLICATION FORM

2025-26 PARALYMPIC SPORT DEVELOPMENT FUND

Application form

GENERAL INSTRUCTIONS

***Before Completing Your Application*:**

1. Read through the Paralympic Sport Development Fund Guidelines available at: https://paralympic.ca/funding-opportunities and ensure your organization meets the basic eligibility requirements.

***When you are ready to apply*:**

Please read each question carefully and answer completely. There are four main sections to complete as well as required documents to provide:

2. Part A: Organizational Information should be filled out with details pertinent to your organization or club.

3. Part B: Project Information should be filled out with details about the specific program or initiative that will use the funding.

4. Part C: Financial Information should include both funding allocated from CPC as well as organizational or external sources (if applicable). You are required to distinguish how CPC funding will be used.

5. Part D: The application main contact should complete the application checklist and sign on behalf of the organization.

6. Prepare your organization's financial statement summary from the most recently completed operational year, or a letter of endorsement from your organization's financial representative.

7. Prepare to provide evidence (such as a document or a link to your safe sport policies) that your organization has taken clear measures to enhance the safety and wellbeing of athletes, coaches and volunteers for a safe sport environment.

***When you are ready to submit your application*:**

8. Upload the completed application, along with financial statements, the evidence of a safe sport environment and other supporting documents if applicable (yearly training plans) to the online form available at https://paralympic.ca/funding-opportunities. Please ensure all documentation is complete before submitting the online form.

PART A: ORGANIZATIONAL INFORMATION

1. **Organization Name:**

2. **Eligibility of Organization:**

3. **Parasports offered by your organization (List all that apply for both summer and winter sports).**

4. **What is your organization's mandate and mission? Provide 1-2 sentences from an existing organizational constitution, or a brief description of why your organization exists:**

5. **Describe your organization's typical activities including programs and resources. When describing your activities, please make specific mention of the organizations you regularly partner with.**

    Note: You can include activities for both para and non-para-athlete programming but be sure to distinguish which is which.

6. **Who participates in your organization's activities or programs? Please describe your membership. Provide an approximate breakdown of membership by: age, role (athlete, coach, sport assistant etc.), impairment type (visual/sensory, physical or intellectual), level of training/competition, etc. If you are applying for funding for an individual athlete or training group, you will be asked for more details on their training plan later in the application.**

   Note: You may include members for both para- and non-para members but be sure to distinguish which is which. Be honest about your numbers: The Review Team has a strong understanding of the Para sport environment and understands that low numbers do not necessarily reflect the strength or quality of the program.

PART B: PROJECT INFORMATION

7. **Project Name:**

8. **Sport(s) included in your project:**

9. **Anticipated Project Start and End Date:**

10. **Select all the funding categories that apply to your project. Be sure to refer to these categories in your project description in Question 12.**

Coaching Clinics Summits   Talent ID & Transfer   Training Camp   Athlete & Coach

                      Enhancement   Inclusion Initiative

11. **Please indicate which grant amount you are applying for $5,000, $10,000, $15,000, $20,000. Smaller project budgets up to $5000.**
    Only one amount may be selected.

Grant Amount:

12. **Describe the program or initiative for which you will be using the funding. Please include the following information:**

- **The need and/or gap being addressed by your initiative**
- **Main goal and key activities of the initiative, including anticipated timelines for each activity**
- **Anticipated number of participants impacted**
- **How you plan to sustain the initiative beyond the time frame of the funding**

13. **Please list the delivery partners involved in your project and the nature of your relationship with each partner. Please specify if you are collaborating with your sport's NSO, DSO, or PSO and their role within the project.**

National Sport Organization (NSO) Partner:

Role in Project (if applicable):

Contact Name, Email and Phone Number:

Provincal Sport Organization (PSO)/Disability Sport Organization (DSO) Partner:

Role in Project (if applicable):

Contact Name, Email and Phone Number:

Other Delivery Partners (municipal, community, service providers etc.).

Organization Name	Role in Project	# Years Working with Partner

14. What are the expected outcomes of this initiative and how will you measure success?

Outcomes can be qualitative or quantitative in nature but must be measurable. Examples of measurement tools could include program registration tracking, % increase in participants, participant surveys, testimonials, etc.

EXPECTED OUTCOMES	HOW WILL YOU MEASURE THE OUTCOME?

Complete the following only if you are applying for Individual Athlete and Coach Enhancement funds

15. **Please provide a detailed description of your athletes' seasonal or yearly training plan (YTP) including competition schedules, training camps and key milestones. Only a month-by-month plan is necessary.**

    *If you already have a YTP completed for your athletes, you do not have to complete this section. Please upload a copy of the YTP when you submit your application.

Month	Practices per week	Training Camps	Competition
e.g. July	*2-4*	*Provincial Development Camp*	*Provincial U18 Championships*

PART C: FINANCIAL INFORMATION

16. Please detail your entire project budget but be sure to separate expenses that will be covered by CPC and those that will be covered by additional revenue sources. Projects with diverse revenue sources may receive a higher priority for funding. Applicants may attach their own budget template for the project but must include the same level of detail as the one below.

REVENUES	BUDGET
Insert all revenue sources:	Amount
CPC Paralympic Sport Development Fund	$
	$
	$
	$
Total Project Revenues	$
EXPENSES	
Insert all project expenses:	Amount ($)
Expenses to be covered by CPC Funding:	
Example: Coach salary 25hrs @ $25/hr (CPC Grant)	*$625*
	$
	$
	$
	$
	$
	$
Total Expenses (covered by CPC)	$
Expenses to be covered by additional funding sources:	
	$
	$
	$
	$
	$
Total Expenses (covered by additional revenue sources)	$
Total Project Expenses	$

PART D: FINAL CHECKLIST
Please ensure the following documentation is completed and uploaded to the online application form.

I have reviewed the grant guidelines, and my application is eligible under 2025-2026 Paralympic Sport Development Guidelines.

The Paralympic Sport Development Fund application form is complete (Part A: Organizational Information, Part B: Project Information, Part C: Financial Information).

A financial statement summary from the most recently completed operational year, <u>or</u> a letter of endorsement from your organization's financial representative is complete (such as a treasurer).

My organization is committed to Safe Sport and has taken clear measures to enhance the safety and wellbeing of athletes, coaches, and volunteers.

If required, I have a detailed Yearly Training Plan (YTP) and athletes' names who are in the program.

I understand and give permission that our organizational information (club name, web site etc.) will be included in the CPC Find a Club online tool and supporting recruitment initiatives; this will not include any shared organizational financial information.

Yes
No

I _____(Name of Key Contact) confirm on behalf of
_____(Name of Organization) verify that the information submitted in this application is factual.

Signature_____   DATE_____