

Section 1: General Information

What is the name of the group or organization seeking funding?			
What is the permanent mailing address of the group	o or organization seeking funding?		
Street/P.O. Box:	Town/City:		
Province:	Postal code:		
PSO President:	Telephone:		
Email:			
Tournament Chair:	Telephone:		
Email:			
Section 2: Event Description			
Event name:			
Event name: Event description:			

Please list any legacy volunteers, officiating			ill likely ev	olve as a r	result of hosting	this ev	vent (equipment,
Event age group:							
Event date:							
Event location:							
National Annual General Meeting		Atlantic Championship		Eastern Champio	nship	Natio Chan	nal npionship
Province/Territory Participating		Estimated Number of Athletes		Estimated Number of Coaches		Estimated Number of Referees/Officials	
Total Estimated Part	ticipa	ints:					
			•				

Have you confirmed competition facilities and their availability for this event?	Yes	No	
Is the event endorsed and/or sanctioned by the National Sport Governing Body?	Yes	No	

Section 3: Budget		
Are there any grants or services being provided by other provincial departments, cities/towns and/or crown corporations?	Yes	No
If "yes", please describe:		
Indicate the funds being requested through the Sport Championship Hosting Program:		

To complete your application, please prepare and attach a complete budget for the event indicating all projected operating costs and revenue related (including corporate, ticket sales, participant/registration fees etc.). Clearly indicate those expenditures for which you are requesting support from the Department of Tourism, Culture, Arts and Recreation.

Section 4: Conditions and Privacy Notice

The personal information in this form is being collected under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of program administration and assessing the merits of each funding application. Please note that the information you provide can be subject to an Access to Information request. If you have any questions about the collection, use and disclosure of your personal information, please contact the Access and Privacy Coordinator, Department of Tourism, Culture, Arts and Recreation at (709) 729-7000.

Section 5: Checklist

IMPORTANT: Please review your application and be sure that all required information has been provided.

Reviewed the program guidelines.

Completed all sections of the grant application.

Attached budget.

Attached event market plan outlining how the Government of Newfoundland and Labrador will be promoted at the event and recognized within all communications and promotions developed.

Section 6: Authorization

I certify that, to the best of my knowledge, the information provided in this grant application is accurate, complete and is endorsed by the organization/group that I represent, and that I am authorized to enter into funding agreements on behalf of my organization/group. I certify that my organization/group meets the basic eligibility criteria of the Sport Championship Hosting Program Guidelines. 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.

If funded:

- I agree to submit a final report within 90 days after completion of the event. I acknowledge that
 failure to submit a final report will result in my organization/group being ineligible to receive future
 funding;
- I agree to acknowledge the Department of Tourism, Culture, Arts and Recreation funding contribution to this project where appropriate.

PSO S	igning Authority (please print):			
Title:				
-	Signature	Date		
	Oignature	Date		
Chairperson of Host Committee (please print):				
_	· · · · · · · · · · · · · · · · · · ·			
	Signature	Date		
	APPLICATION DEADLINE:	PLEASE SUBMIT TO:		
	Applications must be received	Billy Taggart		
	12 months prior to the event.	Sport Consultant		
	1 <u></u>	billtaggart@gov.nl.ca		
		709-729-6291		

Additional Information for Sport Championship Hosting Application Events that do not meet the identified funding priorities, but can demonstrate significant benefits to the development of sport, may be considered for support based on their individual merit at the discretion of the selection committee. Please provide the following information for consideration only if you do not meet the identified priorities of the Sport Championship Hosting program. 1. How does the event fit the high performance competition pathway for your sport? 2. Does the event target athlete and coach development at the LTAD stages Train to Train, Train to Compete and/or Train to Win? Yes No Please specify: 3. Please provide any additional event information that may demonstrate the significant benefits to the development of sport.

If more space is needed, please attach additional information.

Rational for Late/Incomplete Sport Championship Appl	lication
If your organization's application was not submitted within incomplete, please provide an explanation to the selection late/incomplete by using the following template or by submemail or letter).	committee for the application being
Note: Late or incomplete applications will only be considered the circumstances for being late or incomplete are beyond an explanation does not guarantee permissible grounds to	the control of the organization. Submitting
PSO Signing Authority	Chairperson Host Committee
Date	Date