

National Championship Travel Subsidy Follow-up Report

Section 1: General Information
What is the name of the Provincial Sport Organization that received funding?

What is the permanent mailing address of the group or organization seeking funding?	
Street/P.O. Box:	Town/City:
Province:	Postal code:
PSO President:	
PSO email:	Telephone:
Head coach:	
Email:	Telephone:

Section 2: National Championship Information	
Team name:	Age range of athletes:
Number of female athletes:	Number of male athletes:
Name of National Championship:	
Location:	Date(s):

Section 3: Final Results

Provide a detailed breakdown of all competition results, including final placing:

Section 4: Financial Information

Expenses: Please complete based on ONE athlete only

Air fare:	
Car/bus/van rental:	
Accommodations:	
Meals:	
Other (Explain):	

Revenue: Please complete based on ONE athlete only

National Sport Organization:	
Provincial Sport Organization:	
Sponsorship(s):	

Other: (do not include fundraising or player/parent contribution)

Explain:

Did you provide parents/athletes with written confirmation of the funds approved through the National Championship Travel Subsidy (please provide proof)?

Section 5: Checklist

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

- Completed all sections of the final report grant application.
- Provided proof of communication with parents/athletes of government funding
- Attached the names, email addresses, mailing addresses (including postal codes) of the athletes, coaches and managers who will be travelling with the team.

Section 6: 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 Tourism, Culture, Arts and Recreation at (709) 729-7000.

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 National Championship Travel Subsidy 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.

PSO representative (please print):

Signature

Date

*If application is emailed, this satisfies the signature requirement

Please submit to:

Email: sportandrecreation@gov.nl.ca