



Canadian Wheelchair Rugby Committee

Development Grant Application

CONDITIONS:

1. The deadline for this application is sixty (60) days prior to the event. Late or incomplete applications will not be considered for funding. Submit your applications to: **Duncan Campbell**, CWRC Development Coordinator, 3820 Cessna Drive, Suite 210, Richmond, BC, V7B 0A2, or by e-mail at: duncancampbell@cwsa.ca or by fax at 1-604-333-3450.
2. This application must be approved by the Provincial/Territorial Sport Governing Body (P/TSGB) and signed by its Executive Director or its President, and the Chairperson of the Host Committee.
3. The following documentation must be included with the application:
 - a. A detailed budget outlining projected revenues and expenditures for the event;
 - b. Indication on how you will be communicating the event information;
 - c. Estimated number of eligible participants who are defined as athletes, coaches, officials, or classifiers.
 - d. If a clinic is requested the expected number of participants
4. A P/TSGB may be approved for support for a maximum of two separate events per fiscal year.
5. Assistance will be provided in accordance with the following:

• Development Clinic:	\$ 1,500	*
• Development Tournament:	\$ 1,500	*
• Referee Clinic:	\$ 1,500	*
• Classifier Clinic:	\$ 1,500	*
• Addition of a Div-II component to an existing or new tournament:	\$ 1,500	*
• Travel subsidy	\$ 500	

* These grants are awarded at a maximum of \$1,500 and only two elements can be applied for at an individual event (maximum \$ 3,000 per event).

6. Approval or rejection of the application will be confirmed within 14 days of receipt of the application. The hosting grant will be paid upon satisfactory completion and submission of an Event Report/Clinic Report. The Event/Clinic report must be submitted by host organizations not more than 90 days following the completion of the event.

Name of Provincial / Territorial Sport Governing Body: _____

Mailing Address: _____

Phone: _____ **Fax:** _____

Date of Application: _____ **E-mail:** _____

Grant Requested: Dev. Clinic Dev. Tourn. Referee Clinic Class. Clinic

Event Classification: Regional National Addition of Div. II

Host Community: _____

Host Contact Address: _____

We, the undersigned, agree that all the above conditions have been met and that this application is a correct and true statement.

P/TSGB President / Exec. Director – name

Host Committee Chair – name

P/TSGB President / Exec. Director – signature

Host Committee Chair – signature