



**S'port For Kids  
Foundation**

## APPLICATION FOR ASSISTANCE

Please complete all Sections.

RETURN ORIGINAL TO:

Please print or type.

S'PORT FOR KIDS FOUNDATION (905) 886-4392

175 West Beaver Creek Road, Suite 6 RICHMOND HILL, ON L4B 3M1

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DATE: \_\_\_\_\_

1. NAME OF ORGANIZATION / APPLICANT:

\_\_\_\_\_

Name

\_\_\_\_\_

Phone #

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Postal Code

2. NAME OF PRIMARY CONTACT PERSON (If Different From Above)

\_\_\_\_\_

Name

\_\_\_\_\_

Position

\_\_\_\_\_

Phone #

3. FINANCIAL ASSISTANCE REQUESTED

\$ \_\_\_\_\_ %

As a percentage of the total budgeted expenditures for the current year

4. DATE REQUIRED:

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5. HAS THE ORGANIZATION/APPLICANT REQUESTED FUNDING ASSISTANCE IN THE LAST TWELVE MONTHS FROM ANY OTHER SOURCE, FOUNDATION, MUNICIPAL, PROVINCIAL OR FEDERAL GOVERNMENT, SPORTS GOVERNING BODY

NO \_\_\_\_\_ YES \_\_\_\_\_

(If Yes, please complete the following)

From Whom Requested	Date Requested	Amount Requested	Amount Received	Refused
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. WHAT IS THE NATURE OF THE SUPPORT REQUESTED?

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7. IS IT ANTICIPATED THAT THE ORGANIZATION / APPLICANT MAY REQUEST FINANCIAL ASSISTANCE FROM THE FOUNDATION DURING THE NEXT TWO YEARS?

NO \_\_\_\_\_ YES \_\_\_\_\_

(If Yes, please provide a reasonable projection of your requirements over the next two years.)

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8. PLEASE INCLUDE THE FOLLOWING:

- (i) copy of the most recent Financial Statements
  - (ii) copy of current budget
  - (iii) other pertinent information
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We certify that, to the best of our knowledge, the information provided in this Application for Financial Assistance is accurate and complete and endorsed by the organization which we represent.

\_\_\_\_\_  
Name Title Date

\_\_\_\_\_  
Name Title Date

Note: Parent, Guardian or Community Representative must sign if applicant is under 18 years of age.

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OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_