Coaching Assistance Program
Application Form

Participant Information:

I hereby submit this application for funding assistance through the Rivers West District *Coaching Assistance Program:*

Name:_____ Position: _____

Organization: _____

Mailing Address: _____

Phone:_____ E-Mail_____

Signature: _____

Voluntary Self-Declaration:

Do you self-identify as an Indigenous person? Yes ☐ No ☐ If yes, are you: Status ☐ Non-Status ☐ Métis ☐

Are you a new Canadian? Yes ☐ No ☐

Are you a youth (13-18 years old)? Yes ☐ No ☐

Course/Training Details:

Date of Course Training: _____ Location: _____

Organization Hosting the Clinic: _____

Please provide a brief description of the course/training opportunity and how you plan to use the knowledge you gain from the course:

_____

_____

Will you be gaining certification from this course? Yes ☐ No ☐

Please explain (level of certification, etc.):

_____

_____

Will you be receiving other funding to use for this course/training opportunity? Yes ☐ No ☐

If yes, please list the other sources of funding:

_____

_____

Is this course/training opportunity available within Rivers West District? Yes ☐ No ☐

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Tentative Budget:

Please provide a detailed tentative budget. Include all expenditures and sources of revenue.

Revenues	Budget
Participant contribution	
Other (please list)	
Rivers West District request (maximum possible reimbursement $500)	
Total Revenues	

Expenditures	Budget
Mileage/travel (both ways at $.50/km)	
Meals (maximum $40/day)	
Accommodations	
Registration fees	
Course materials	
Other (please list)	
Total Expenditures	

**** If your application is approved, please indicate your preferred payment method:**

☐ Cheque (please provide complete mailing address)

_____

_____

☐ E-Transfer (please provide e-mail address or cellular phone number to send to)

_____

_____

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Please complete all sections of the application and return the completed form to:

Rivers West District for Sport, Culture & Recreation Inc.
P.O. Box 822, North Battleford, SK., S9A 2Z3
Attention: Antje Rongve, Executive Director
Email: ed@riverswestdistrict.ca

- **Applications will be funded to a maximum of $500 per participant.**
- **Each community will be funded to a maximum of $1,000 per fiscal year (April 1 to March 31).**
- **Funding will only be forwarded after the follow-up form with copies of all related expenses has been submitted to Rivers West District, no later than 4 weeks after successful completion of the course/training opportunity.**

For Office Use Only:

Date received: _____ **Date approved:** _____

Amount approved: _____ **Cheque #:** _____**Date of issue:** _____

Date of rejection: _____ **Reason for rejection:** _____

Authorized signature: _____

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