APPLICATION TO THE

KIDS' FAIR PLAY FUNd

ON BEHALF OF A SHELBURNE COUNTY CHILD

Please read the guidelines on the reverse before completing this form.
Applications are to be submitted on an ongoing basis.
Application reviews will be held 4 times per year on or shortly after the following dates:
DECEMBER 15, MARCH 15, JUNE 15 and SEPTEMBER 15

Applications must be received to be reviewed prior to participation to be considered for assistance.

For more information phone: 875-3544 ext 225 * 875-3873 * 637-2903 * 745-0226 or 656-2565

SPONSOR

Each application on behalf of a child must be initiated by an adult:
Adult Sponsor_____Address_____
Postal Code_____Telephone_____Email_____
Relationship to child(parent, coach, guardian, friend, etc.)_____I am requesting a contribution from the Kids' Fair Play FUNd in the amount of $_____towards the expenses of the child named below. I recommend that the funds be sent to:
Organization/Individual_____
If an individual, please indicate relationship to child_____
Address_____Postal Code_____ Telephone_____

The Kids' Fair Play FUNd prefers that funds be sent directly to an association or club and will arrange for the purchase of equipment.

Signature of Adult Applicant_____ Date_____

PARTICIPATING RECIPIENT

This request is made in the name of: Name_____Birth Date_____
Address_____Postal Code_____Telephone_____

Request

Expenses for which the grant will be used:

Registration/participant fees $_____
(Registration/Participant Fees)

Personal sport/recreation equipment (Please specify below) $_____
_____ (Approximate Cost of Equipment)

Total Amount of Request $_____
(Total)

Activity for which the grant will be used (please include the activity and the name and address of the association or club:
Activity_____Address of Association/Club_____
_____Postal Code_____Email_____

ENDORSEMENT **(Please see advice to the endorser on the reverse)**

Every application must have the approval of a member of the clergy, police officer, school counsellor, teacher or principal, a professional in family services, social work or sport/recreation.

Endorser_____Position_____
Employer_____
Address_____Postal Code_____Bus. Telephone_____
Email_____

I support the request for funds on behalf of the individual named above whose need is consistent with the Kids' Fair Play FUNd Guidelines.

Signature of Endorser_____Date_____

CONFIDENTIALITY OF ALL RECIPIENTS WILL BE PROTECTED

GUIDELINES FOR GRANTS TO INDIVIDUALS

- ☺ Assistance to children/youth is designed to provide access to sport, recreation and cultural opportunities.
- ☺ Application reviews will be held 4 times per year on or shortly after the following dates: DECEMBER 15, MARCH 15, JUNE 15 and SEPTEMBER 15. Applications must be received to be reviewed prior to participation to be considered for assistance. All applicants will be notified as to the decision regarding their application.
- ☺ Recipients must be under 19 years of age.
- ☺ Maximum funding amount per child/youth is set at $200.00 within a 12 month period.
- ☺ Grants to any one family cannot exceed $400.00.
- ☺ Travel to playoffs, championships, etc. is not an eligible expense.
- ☺ Grants may be used only for the payment of participant fees or mandatory personal sport/recreation equipment.
- ☺ Preference will be given to a child/youth being introduced to a recreation or sport activity for the first time. Applications for continued support will be considered pending fund availability.
- ☺ The Kids' Fair Play FUNd prefers to issue funds to an organization on behalf of the recipient and/or arrange for the purchase of equipment.
- ☺ Kids' Fair Play FUNd's are not meant to replace existing support funding for sport and recreation participation.
- ☺ Applications must be completed and submitted by an adult sponsor and endorsed by an objective third party.

ADVICE TO THE ENDORSER OF A KIDS' FAIR PLAY FUNd APPLICATION

Your role is critical to the productive use of the Kids' Fair Play FUNd in Shelburne County. You are an objective third party who works in the community and are well positioned to assess the needs of young people. Your endorsement will mean that the Review Committee will make every effort to approve the request depending upon the availability of funds. You will be notified when funds have been released. Any feedback you can provide on successes or areas for improvement will be most appreciated.

EQUIPMENT OR CONTRIBUTIONS OF CASH CAN BE MADE PAYABLE TO:

The Municipality of the District of Shelburne, Kids' Fair Play FUNd.
Receipts for financial donations will be provided for income tax purposes.

APPLICATIONS SHOULD BE RETURNED TO:

Municipality of Shelburne
Recreation & Parks Department
Kids' Fair Play FUNd
PO Box 280
Shelburne, Nova Scotia
B0T 1W0
Telephone: (902) 875-3544 ext 225
Fax: (902) 875-1278
Email: mjohnston@municipalityofshelburne.ca

or

Your Local Recreation Department in Shelburne County

Town of Shelburne	**Municipality of Barrington**	**Town of Lockeport**	**Town of Clark's Harbour**
PO Box 699	PO Box 100	PO Box 189	PO Box 160
Shelburne, NS	Barrington, NS	Lockeport, NS	Clark's Harbour, NS
B0T 1W0	B0W 1E0	B0T 1L0	B0W 1P0
(902) 875-3873	(902) 637-2903	(902) 656-2565	(902) 745-0226