

Modified Process for Community Development Programs

Overview

There is a growing movement towards the use of sport as a tool for promoting education, health, culture, sustainable development and psycho-social well-being. The use of sport as a tool for social and economic development was recognized as a key tenet in the Canadian Sport Policy, and the impact of sport on physical health, mental health, social connection and healthy aging is recognized as part of the Sport for Life model.

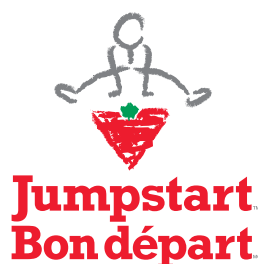
Community Development Programs enable Jumpstart Community Partners to design programs to meet very specific needs within their communities and to leverage sport as a tool for social change.

To ensure that Community Development Programs supported by Jumpstart are designed with clear and measurable objectives, and in order to ensure that funding is provided equitably and transparently, Jumpstart will be using a new process for reviewing, approving and funding Community Development Programs.

How to Apply

Fully completed applications must be submitted by the following deadlines:

- January 1: for programs starting April 1 – August 31
- May 1: for programs starting September 1 – December 31
- October 1: for programs starting January 1 – March 31



Community Development Program Application Form

Please complete this form and email the completed form to **your Regional Manager** to have your application for funding reviewed. Incomplete forms will not be reviewed.

TIP: Hover over the form fields to see an example of the information requested.

Please select the CDP deadline for which you are applying for funding

January 1 (program starting April – August)

May 1 (program starting September – December)

October 1 (program starting January – March)

SECTION 1: Details about your organization

Submitting Organization Details			
Organization Name			
Address		City	Postal Code
Web-site			
Shipping Address (Note: If equipment is being requested as part of this Community Development Program funding request, it will be shipped directly to the submitting Organization’s address above. If you require it shipped to a different address, please select “No” and provide us with the appropriate Shipping Address. The shipping address CANNOT be a PO Box)		Is the Shipping Address the same as above? Yes No	
(If No) Shipping Address		City	Postal Code
Jumpstart Chapter Identify the Jumpstart Chapter where the organization is registered as a Community Partner			
Organizational Mandate (including programming, resources, and services to members) <i>*100 words or less</i>			
Contact Information			
Contact Name		Job Title	
Contact email		Phone #	
Fax #		Cell #	

Participating Organizations (i.e., What other organizations will assist you in running the program)

Organization Name #1				
Address		City		Postal Code
Organization #1's Role in CDP				
Organization Name #2				
Address		City		Postal Code
Organization #2's Role in CDP				
Organization Name #3				
Address		City		Postal Code
Organization #3's Role in CDP				
Organization Name #4				
Address		City		Postal Code
Organization #4's Role in CDP				

SECTION 2: Program Overview

Name of CDP			
Is this an annual program?		If Yes, please provide the # of years the CDP has been running	
Have you submitted for funding in the past?		If Yes, please provide the # of years Jumpstart has provided funding	
Brief overview of proposed program (Goals, Objectives and Outcomes, and program description) Be very specific regarding your objectives and how they will be measured. Describe the indicators you intend to track and how these relate to your outcome measures. <i>*250 words or less</i>	Brief Program Overview		
	Program Outcomes		
	Program Measurements		

**Long Term Athlete
Development Model
alignment**

Identify which stage(s) of the Long Term Athlete Development Model the program targets and what activities of your program are aligned to this stage

**250 words or less*

SECTION 3: Program Details

Sport / Physical Activity				
Length of Program	Anticipated Program Start Date	DD/MM/YYYY	Anticipated Program End Date	DD/MM/YYYY
Duration of Program	Length of individual session <i>Please indicate if the time identified is in minutes or hours</i>		# Sessions in the CDP <i>Please indicate the # of times a child will attend the full program.</i>	
Anticipated # of kids helped Provide the total anticipated # of participants. Be as accurate as possible as this number will be used to calculate the cost per child for this CDP. If approved, you will be required to upload child data for each program participant to match the anticipated number. Failure to upload the minimum child data according to Jumpstart's Community Partner Terms & Conditions will result in the funding being declined.	Total # Kids in Program	Determination of low-income status	Stats Canada LICO Scale (using one of) Income Assessment Three consecutive pay stubs Previous Year T4 Means test Other:	
	Total # Kids Requiring Jumpstart Funding			
Parental Permission & Awareness Please indicate that parents / guardians have been made aware that funding will be provided by Jumpstart and that a condition of this funding is the sharing of their child's data with Jumpstart for the purposes of securing funding for this program.				Yes No
Age range of participants	From years To years	Gender of Participants	Boys Girls Both* *If Both, please identify the gender split: Boys Girls	
Jumpstart Priority Area being addressed by the CDP (Please select all that apply)	Newcomers (In Canada for 5 years or less) Aboriginal Peoples Priority Neighbourhoods (as defined by the local municipality) Remote / Northern Communities Girls in Sport Other (Note: if your program does not fit into a Canadian Tire Jumpstart Priority Area, we will consider it on a case-by-case basis)			

<p>Qualifications, training, certifications or experience of individuals delivering CDP</p> <p>Please select all that apply</p>	<p>First Aid / CPR NCCP Coaching Certification Red Cross Swim Instructor NLS Lifeguard Social Work Training Early Childhood Education Training Child Abuse Training High Five Previous experience working with children / youth Previous experience working with children with disabilities Other (Please specify):</p>
<p>Does your organization run background checks on staff & volunteers who are involved in any capacity with your programs?</p>	<p>Yes No</p>
<p>Does your organization require staff / volunteers to take Respect In Sport training or any similar national standard?</p>	<p>Yes No</p>
<p>Is there an appropriate amount of insurance coverage for the program?</p>	<p>Yes No</p>

SECTION 4: Program Endorsers

<p>Program Endorsers: Required Signatures</p>	
<p>Canadian Tire Banner Store Representative</p> <p>*Only required in Quebec</p>	<p>I, CT Banner Store representative (Store # _____) fully endorse this CDP request and agree to provide the Grant Panel Committee with any additional details they require to make their decision.</p>

SECTION 5: Budget Details

CHILDREN		
Number of Children		
REVENUE		
Revenue Source	In-Kind Amount	Amount (Monetary)
Total		
EXPENSES		
REGISTRATION		
Facility	Cost	Requested from Jumpstart
Resources	Cost	Requested from Jumpstart
Total		
TRANSPORTATION		
Event / Transportation	Cost	Requested from Jumpstart
Total		

EQUIPMENT				
Equipment	Unit Cost	Quantity	Cost	Requested from Jumpstart
Total				

SUMMARY		
ITEM	COST	REQUESTED FROM JUMPSTART
TOTAL EXPENSES		
TOTAL EXPENSES		
TOTAL COST PER CHILD		
TOTAL EXPENSES PER CHILD		
COST PER CHILD BREAKDOWN		
REGISTRATION		
TRANSPORTATION		
EQUIPMENT		
TOTAL JUMPSTART FUNDING REQUEST		
TOTAL FUNDING AMOUNT REQUESTED FROM JUMPSTART		