



2019 Application for Financial Assistance

FUNDING POLICIES

- A) Deadlines are the 15th of each month (or the last working day prior to the 15th). Please allow a minimum of 3 weeks after deadline date for processing and submit application for the deadline prior to the sport session starting. Both the Parent/Guardian and Sport Organization/Club will receive a letter indicating the outcome of the application.
- B) Applications must be complete and received in the Winnipeg or rural Manitoba office (see contact information on page 2) by 4:30pm on the day of deadline to be considered. Applications received later will be carried over to the next deadline.
- C) Funding cannot be provided for programs that have already been completed.
- D) **The Sport Information section must have an original signature** from a Sport Organization representative.
- E) Official proof of total income must be provided for **all adults/guardians** living in the home. **Income is based on total income, not taxable income. Applications will not be processed without proof of income.** Please provide a copy of your Canada Customs and Revenue Agency Notice of Assessment showing Line 150 – Total Gross Income. Additional proof of income, such as pay stubs, a Social Assistance budget, or letter from a case worker, will be required when \$0 is shown as the total income. To obtain your most recent Canada Customs and Revenue Agency Notice of Assessment, contact Revenue Canada at 1-800-959-8281.
- F) If you are a Foster Parent of the applicant or if you are on Social Assistance, please provide proof of Foster Parent Status or Social Assistance Status. Foster parents are not required to submit their financial information when applying for their foster children; however, a copy of your current foster license is required.
- G) Financial assistance is designed to help children ages 18 and under who would not play a sport without KidSport™. Preference is given to children being introduced to a sport.
- H) Financial assistance is disbursed up to a maximum of \$300 per calendar year per athlete. **Eligible applicants may not necessarily receive their full funding request.**
- I) Sport activities must be affiliated with organizations recognized by Sport Manitoba.
- J) Costs relating to camps, travel, championships, uniforms, equipment, etc. do not qualify.
- K) Funding cheques are sent directly to Sport Organizations/Clubs. Cheques cannot be issued to individuals.

WHERE DO I MAIL OR FAX THE FORM?

Applicants living IN Winnipeg send to the Winnipeg office:

145 Pacific Ave, Winnipeg MB R3B 2Z6 or (Fax) 204-809-4659

kidsportwinnipeg@sportmanitoba.ca

Applicants living OUTSIDE of Winnipeg send to the rural Manitoba office:

Suite 307, 100-1300-18th Street, Brandon MB R7A 6X7 (Mailing Address Only)

(Fax) 1-888-280-1240 or ksrural@sportmanitoba.ca

**If you need assistance completing this form or have questions,
please contact your Regional Office:**

North Region

204-778-3109 or north@sportmanitoba.ca

South Region

204-325-1550 or south@sportmanitoba.ca

East Region

204-268-2172 or east@sportmanitoba.ca

West Region

204-761-0317 or ksrural@sportmanitoba.ca

Winnipeg Region

204-925-5692 or kidsportwinnipeg@sportmanitoba.ca

KidSport Toll Free

1-866-774-2220

STEP 1 CHILD INFORMATION

Child's Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

☐ Male ☐ Female Age _____ Birth Date: Year _____ Month _____ Day _____

Number of Dependent Children in Family (Age 18 and Under): _____

Has this Child Ever Received KidSport™ Funding Assistance Before? ☐ Yes ☐ No If YES when? _____

Sport applying for: _____ Number of Years in Sport: _____

Fee: \$ _____ Minus Amount Family Will Pay: \$ _____ = **Total Funding Request: \$ _____ (Max: \$300)****OPTIONAL:** Is the child applying identified as:☐ Para Sport Athlete ☐ Aboriginal ☐ New Immigrant ☐ Other _____**I authorize KidSport and the Sport Organization to discuss the status of this application.**

Parent/Guardian Signature _____ Date _____

STEP 2 PARENT / GUARDIAN INFORMATION*The parent/guardian will act as contact person for the child & will receive all correspondence.*

Last Name: _____ First Name: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____

Relationship to Child (i.e. Parent/Guardian/other): _____

Please check one: ☐ Single Parent ☐ Married ☐ Common-Law*If Married or Common-Law, please include both partner's income when indicating total household annual income.*Do any of the following apply to your family? ☐ Social Assistance ☐ Foster Parent*If Yes, Proof of Status must accompany application – See Funding Policy F***STEP 3 SPORT INFORMATION (must be completed by the Sport Organization/Club)**

Sport Organization/Club: _____

Mailing Address: _____

City: _____ Postal Code: _____

Contact: _____ Position: _____

Email: _____

Sport Organization Signature: _____ Telephone: _____

Sport Registration Fee: \$ _____ (**not** including fundraising bonds, canteen bonds, pictures etc.)

Program Dates: (Start) _____ (End) _____

STEP 4 FINANCIAL INFORMATION

Official proof of total income must be provided for all adults/guardians living in the home.

Applications will not be processed without required proof of income.

I have provided the following supporting documents: *(please check all boxes that apply)*

☐ Canada Customs and Revenue Agency Notice of Assessment (NOA) *(See Funding Policy 'E')*

(If married or common-law, you must include both partners' Notice of Assessments or the application will be considered incomplete)

☐ Proof of Social Assistance Status *(See Funding Policy 'F')*

☐ Proof of Foster Parent Status *(See Funding Policy 'F')*

☐ Other Income: _____

The financial information provided accurately reflects my current financial situation. ☐ Yes ☐ No

If NO, provide a letter explaining and provide proof of your current financial situation (i.e.: pay stubs).

Please note: for income statements showing \$0 total income, additional information is required in order to process the application, such as the following:

I receive the following *(please check all boxes that apply to all income earners in your family)*:

☐ Employment Income \$ _____ /month or \$ _____ /year

☐ Education Income Assistance \$ _____ /month or \$ _____ /year

** Includes Student loans, Band Scholarships, etc.

☐ Insurance – Life, Disability, EI \$ _____ /month or \$ _____ /year

☐ Other Income \$ _____ /month or \$ _____ /year

ANNUAL INCOME PARENT/GUARDIAN #1: \$ _____

ANNUAL INCOME PARENT/GUARDIAN #2: \$ _____

TOTAL ANNUAL HOUSEHOLD INCOME: \$ _____

Low Income Cut-Off Guidelines

Family Size	Maximum Annual Gross Income
2	\$ 32,665
3	\$ 40,158
4	\$ 48,756
5	\$ 55,299
6	\$ 62,367
7	\$ 69,438
+\$6,893 for each additional person	

ALL INFORMATION PROVIDED IN THIS APPLICATION WILL BE RETAINED BY KIDSPORT AND SHALL NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE EXPRESS WRITTEN CONSENT OF THE APPLICANT.