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### **INCLUSIVE RECREATION ACTIVITY FUND**

(Municipal/Organization Application)

Please complete all boxes clearly. Applications will be reviewed in 2016-17. Review date: **July 8th, 2016** – (If further funding remains – Oct 7th & Jan 20<sup>th</sup>). Grants are available to a **maximum of \$2500** (Annually). Priority will be given to first time applicants and applications providing a longer period of activity. Support will be provided **ONLY** to recognized activities.

One-off events/tournaments are ineligible.

***Applications must be accompanied with a letter of intent detailing activities.***

|  |  |
|--|--|
| 1. Municipality/Lead Org:  | 2. Contact Name:                       |
| 3. Phone:  | 4. Email:                              |
| 5. Complete mailing address:   |  |
| 6. Name of activity/equipment/upgrades:  |  |
| 7. Is this funding related to a new activity, new equipment or upgrades?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 8. Briefly describe the activity/equipment/upgrades, including any related costs:  |  |
| 9. Start date of activity/construction:  | 10. End date of activity/Construction: |
| 11. How will your community/organization benefit from these funds:   |  |
| ***Total amount requested? \$  |  |
| 12. Have you received any other funding commitments for this activity or equipment/upgrades?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much and from where?  |  |
| 13. Target Group(s) (the participants):<br><input type="checkbox"/> Children (0 - 12) <input type="checkbox"/> Teen (13 - 18) <input type="checkbox"/> Adult (19 - 65)<br><input type="checkbox"/> Senior (65+) <input type="checkbox"/> Aboriginal <input type="checkbox"/> Economically Disadvantaged<br><input type="checkbox"/> Males <input type="checkbox"/> Females |  |
| 14. Do you currently offer this program? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 15. Where did you hear about the Inclusive Recreation Activity Fund?   |  |
| 16. Do you agree to provide a written summary upon completion of this activity? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| 17. Recreation NB is not responsible for any injury or other misfortune during this activity. Do you agree to waive any and all liability for Recreation NB? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 18. Signature:   | 19. Date:                              |