



# MOUNT PEARL SPORT ALLIANCE

*P.O. Box 989, Mount Pearl, Newfoundland A1N 3G9  
Tel: (709) 748-6489 Fax: (709) 748-6499 E-mail: [mpsportalliance@mountpearl.ca](mailto:mpsportalliance@mountpearl.ca)*

## **Travel Assistance Grant for Amateur Athletic Championships**

### **I. Eligibility**

Assistance will be provided to Alliance members, which are traveling to Atlantic Canadian, National or International Amateur Championship.

Events must be officially sanctioned by the appropriate Atlantic, National or International organization for the sport as a championship event. An official letter of endorsement from the respective sports governing body must accompany the Travel Assistance Grant application forms.

Event must meet one of the following eligibility criteria:

An Atlantic Canadian event must involve the Atlantic Provinces

A National event must involve a minimum of five (5) Provinces and the Territories

An International event must involve more than three (3) countries.

### **II. Before the Event**

Official recognition of the Mount Pearl Sport Alliance Travel Assistance sponsorship must be included in all advertising mediums.

### **III. After the Event**

The applicant must provide the Mount Pearl Sport Alliance with:

- 1) Receipts for all expenditures relating to the trip.
- 2) Teams involved.
- 3) A program of events or schedule for the championship.
- 4) Within 30 days of championship, applicants must submit a statement of total revenue and expenses for the trip signed by two (2) Executive Officers or and Audited Financial Statement for the event.

Upon submissions and review of the above documentation, the grant monies will be forwarded to the organization.

#### **IV. Allocation of Funding**

Travel Assistance Grants will be considered on basis of expenses incurred on the following categories:

- 1) Atlantic Canadian – 25% of the cost of the air tickets to a maximum of \$500.00 for a group of five or more.
- 2) National and International – 50% of the cost of air tickets to a maximum of \$500.00 for a group of five or more.
- 3) Individual assistance may be looked at if funds allow.

*Note: Ground transportation to Atlantic Championships will be considered.*

#### **V. Application**

Grants are administered on a first come, first serve basis for both the Fall/Winter sports and the Spring/Summer sports. Grants for the year will be accepted starting September 1 of the previous year. Grants for that year will be processed in January of the grant year.

**For further information, please call: 748-6489**

Applications for the Mount Pearl Sport Alliance Travel Assistance Grant for Sanctioned Atlantic Canadian, National or International Amateur Athletic Championships.

Please answer all questions completely and provide any additional information, which will give a better understanding of your request. Applications received, which do not include the necessary information, will be returned to the applicant and will only be accepted when the required information is attached. (Please Print)

**Please provide the following information:**

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Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Name & Address of Sport Organization Hosting the Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Venue(s) to be utilized: \_\_\_\_\_

Have the venues(s) been booked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please forward the following information with your application:

Are any other funds you expect to receive contingent upon the receipt of a Mount Pearl Sport Alliance Assistance Grant? (If yes, please give full particulars)

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Projected Financial Data: Your application cannot be processed until all of the following financial data is received.

**Revenues:** *(For Event Only)*

Registration Fees	\$ _____
Fees for Service	\$ _____
Donations	\$ _____
Fund-raising	\$ _____

**Grants:** *(Check if amount is confirmed)*

Federal Government	.....	( " " + " " ) & \$ _____
Provincial Government	.....	( " " ) " " & \$ _____
The City of Mount Pearl	.....	( " " ) " " \$ _____
Provincial or National Organization		" ( " " ) " " \$ _____

**Other Revenues** *(Please explain source)* \$ \_\_\_\_\_

**Total Revenues** \$ \_\_\_\_\_

**Expenditures:** *(For Event Only)*

Transportation	\$ _____
Facility Rental	\$ _____
Equipment Rentals	\$ _____
Salaries	\$ _____
Trophies and Medals	\$ _____
Administration	\$ _____
Miscellaneous	\$ _____

**Total Expenditures** \$ \_\_\_\_\_

**Net Profit/Loss** \$ \_\_\_\_\_

**Financial Data:**

Has your group received any other assistance for this trip? (If yes, please specify).

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Do you have any outstanding accounts with the City of Mount Pearl or the Mount Pearl Sport Alliance? (If yes, please specify).

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We, the undersigned do hereby agree that all information stated within is true and correct

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of President or Chairperson

\_\_\_\_\_  
Signature of President or Chairperson

\_\_\_\_\_  
Printed Name of Second Officer and Title

\_\_\_\_\_  
Signature of Second Officer