



# MOUNT PEARL SPORT ALLIANCE

P.O. Box 989 Mount Pearl, NL A1N 3G9

Tel: (709) 748-6489 Fax: (709) 748-6499 E-mail: [mpsportalliance@mountpearl.ca](mailto:mpsportalliance@mountpearl.ca)

## Travel Assistance Grant Application

Organization: \_\_\_\_\_

Contact name: \_\_\_\_\_

Date: \_\_\_\_\_

### **I. Eligibility**

Assistance will be provided to Alliance members traveling to Atlantic, 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 endorsement from the respective sport governing body must accompany the Travel Assistance Grant application.

Event must meet one of the following eligibility criteria:

- An Atlantic event must involve all Atlantic Provinces.
- A National event must involve a minimum of five (5) Provinces/Territories.
- An International event must involve more than three (3) countries.

*Note: (NEW) If funding permits consideration may be given for invitation meets or training opportunities.*

### **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) Details of all expenditures relating to the trip (receipts may be required).
- 2) List of all 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.

Upon submission 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 – 25% of the cost of the air tickets to a maximum of \$500.00 for a group of five or more.
- 2) National or 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 Fall/Winter sports and Spring/Summer sports. Grant applications 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**

## **Mount Pearl Sport Alliance Travel Assistance Application Form**

Travel Assistance Grant for sanctioned Atlantic, National or International Amateur Athletic Championships (While funds available assistance will also be considered for invitational tournaments).

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 forward application to:**

mpsportalliance@mountpearl.ca or fax 748-6499

Name of organization applying for assistance: \_\_\_\_\_

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

Contact person for this application: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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Name of team coach or manager for event: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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Name of event: \_\_\_\_\_

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

Location/venue: \_\_\_\_\_

Please include the following information with your application:

Are any other funds you expect to receive contingent on receipt of a Mount Pearl Sport Alliance 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:**

Fundraising	\$	_____
Donations	\$	_____
Fees to athletes	\$	_____
Other	\$	_____

**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)

Airfares	\$	_____
Ground Transportation	\$	_____
Accommodation	\$	_____
Meal allowance	\$	_____
Apparel	\$	_____
Other	\$	_____

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

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

**Financial Data:**

Has your group received any other assistance for this trip not identified above? (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:

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Date

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Printed Name of President or Chairperson

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Signature

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Printed Name of Second Officer and Title

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Signature

**To be included with application:**

- Names and addresses of players and coaches

**To be provided following return from the event/competition:**

- Financial report showing income, expenses and net proceeds or loss.
- An event brochure or programme listing all teams competing, including home town and province of all competing teams.
- Results of the competition, including wins/losses, medals, etc, and copies of any news clippings or links to news stories.