


# Grant Program Application - GoodLife Kids Foundation

All fields are mandatory unless otherwise stated

 **Name of the organization/School:**


**Registered Charity Number:**

**School Board/District:**

**Application**

**How did you hear about the GoodLife Kids Foundation Grant Program? Please select all that apply**

- GoodLife Kids Foundation website
- We are a previous grant recipient
- From another grant recipient (please identify) \_\_\_\_\_
- From GoodLife Fitness staff (specify name and club location) \_\_\_\_\_
- I'm a GoodLife Fitness Member (specify club location) \_\_\_\_\_
- Other, please specify \_\_\_\_\_

 Amount of funds being requested

\_\_\_\_\_

 ORGANIZATION INFORMATION

Contact Name \_\_\_\_\_

Contact Position \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Organization Address (Line 1) \_\_\_\_\_

Address (Line 2) \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_


Postal Code \_\_\_\_\_

Website \_\_\_\_\_

Facebook (Optional) \_\_\_\_\_

Twitter (Optional) \_\_\_\_\_


Other Social Media (Optional) \_\_\_\_\_

 Please provide a letter of support from your school administration or school district/board indicating their support of the sustainability of the program you are requesting funding for.

\_\_\_\_\_

 PROGRAM INFORMATION

 Program Name


 Tell us about the program - including the activities that will take place, your target group, where the program will take place, who runs the program, partners who help deliver the program, etc.

(maximum 500 words)

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 Is this a new or existing program?


If **existing**, please enter the number of years in the text box

New

Existing \_\_\_\_\_

 How many children do you anticipate will be participating?

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 Age range of participants

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 Is there a fee to participate in the program?


Yes – Please tell us how much each participant will pay \_\_\_\_\_

No


 Start and finish dates for this program as it relates to this application.

 Start Date

\_\_\_\_/\_\_\_\_/\_\_\_\_(YYYY/MM/DD)

 Finish Date


\_\_\_\_/\_\_\_\_/\_\_\_\_(YYYY/MM/DD)

 How often does a child participate?

Number of times per week \_\_\_\_\_

Number of minutes each participation day \_\_\_\_\_

Number of weeks the program will run \_\_\_\_\_

 How is your program unique compared to others that may be offered in your community?


(maximum 500 words)

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 REDUCING BARRIERS TO PHYSICAL ACTIVITY

 Tell us how your program will support our goal of reducing barriers to physical activity participation for the group of children/youth you serve.


(maximum 500 words)

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 FINANCIAL INFORMATION


Note: Should your submission be considered past the first stage of review you may be required to provide additional information as we further consider your request.

Funds from GoodLife Kids Foundation are intended for expenses that will help the children/youth you serve get physically active. Please select how funds would be used to break down barriers to physical activity participation.

- Provide 1:1 or other level of support
- Staff costs associated with instructors leading the program
- Staff/volunteer training
- Transportation
- Subsidy funding for participants
- Equipment (please specify) \_\_\_\_\_
- Other, please specify... \_\_\_\_\_

 Have you received in kind support, funding or a funding commitment from other foundations, companies or a government body for this program?

- Yes
- No


 If yes, please provide a list of who they are and how they are providing support for this program.

(Maximum 500 words)

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 What is your fundraising strategy to support the sustainability of this program?


(Maximum 500 words)

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 ADDITIONAL INFORMATION

 Tell us any additional information that will help us further understand how your program fits our criteria.

(Maximum 500 words)

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