Program Application Form Questions

Required Answer (*) All questions are in bold

Eligibility

Our organization has only submitted one application this intake.*

Only one application per organization is eligible.

- Yes, I have submitted only one application.

We are applying for the following intake:*

- December 1 Intake (for programs running Jan - May)
- April 1 Intake (for programs running June - Dec)

Are you eligible?*

In order to receive support from InMotion Network you must be an Alberta based Not For Profit Organization or Charity in good standing. If you selected NOT a Not for Profit or Charity in good standing you will be ineligible.

- I am applying on behalf of a Not for Profit or Charity that is in good standing
- I am NOT a Not for Profit or Charity in good standing

Is the Organization Applying an AGLC Licensed Group?*

If InMotion contributes to your project and you are a AGLC Licensed Group, the contribution will go through the organizations Casino Account and your approved used of proceeds. Questions? Email info@Inmotionetwork.org

- Yes it is an AGLC Licensed Group
- NO it is NOT an AGLC Licensed Group

Applicant Information

Name of Host Organization*
Main Contact*
Alternate Contact
Main Contact Phone Number*
Alternate Contact Phone Number
Main Email*
Alternate Email
Address* This will be the address that cheques would be mailed to.
Street Address
Address Line 2
City
State / Province / Region
ZIP / Postal Code
Country

Event Information

Program Category*

- Go Girl
- Girls in Motion
- Women in Motion

Name of Program*

Program Venue/Location*

Describe how your program will be offered.*
How many days, how long is each session, etc. E.g. a 6 week program, once a week for 2 hours.

Program Start Date*
mm/dd/yyyy

Program End Date*
mm/dd/yyyy

Final Report Due Date*
If your application is approved, your final report will be due 45 days after your project is completed. Please indicate your final report date - 45 days from the end of your project/event.
mm/dd/yyyy

Number of Expected Participants*
Number of Expected Volunteers*

1. Applicant Proposal Outline
Summarize the vision for your program/event in the categories below:
We encourage you to align your answers with our Mission and Vision please refer to:
www.inmotionetwork.org/about/

a. Event Goals and Objectives - Addressing Barriers
Provide a general overview of your project. Please include how your organization is addressing barriers to participation for girls/women in Alberta through this project.

b. Outline of Proposed Activities
Please include a draft agenda/program/schedule/listing of planned activities to meet your goals and objectives.

c. Venue Description(s)
Where will the event/program occur?

d. Organizing Committee, Structure & Partnerships
Provide an outline of your planning, implementation and partnerships. (Include sport, recreation, education, community leaders, and youth where possible) as well as expected roles and responsibilities of each member.

e. Donations and Sponsorships
Indicate donations/sponsorships you anticipate building or initiating for your program/event (i.e. food donations, sport and recreation organizations, schools, local businesses, etc.)

f. Marketing and Promotion
Indicate how you will promote your event to achieve the targeted number of participants. How will you acknowledge the InMotion Network in your marketing and promotions?

g. Event Evaluation
We respect that you may have your own program evaluation built in to your programming. Please refer to our Final Report to see what information you need to include in our reporting requirements: Final Report Template

h. Follow-up Plans
Outline actions you intend to take to ensure follow-up provision of quality sport and recreation activities for girls/women after your program/event.

2. Budget
Eligible Costs for Funding - Costs that are eligible to be covered by this grant include:

- Materials and supplies
- Marketing and Promotion
- Honorariums (itemized and specific)
- Equipment rentals including entertainment
- Food and refreshments
- First Aid
- Volunteer needs (ite**mized and specific)**

Costs that are **not** eligible to be covered by this grant include:

- Purchase of capital items
- Wages and salaries related to administration/staff
- Items of a personal, social, or promotional nature (e.g. water bottle, tshirts)
- Volunteer Appreciation (e.g. gift cards, social events)
- Please be specific as to budgeted revenue and expenses

InMotion Contribution Request
Please enter the amount requested from InMotion Network. Maximum request is $2,500.

Anticipated Revenue Contributions
Examples: Participant Registration Fees, Grants, Other Financial Contributions, etc.

Revenue (please describe item) Anticipated Amount $

Total Anticipated Revenue $
Add up the InMotion Contribution and all other revenue listed above.

Anticipated In-Kind donations
**Do not include in Total Revenue. In-kind donations may include facility or wage costs covered by organizations, door prizes, giveaways, etc.
In-Kind Donation (please describe item) Anticipated Amount $

Anticipated Expenses
Costs that are eligible to be covered by this grant include: Materials and Supplies, Marketing and Promotion, Honorariums (itemized and specific), Equipment rentals including entertainment, Food and refreshments, First Aid, Volunteer needs (itemized) NOT ELIGIBLE - Any items of personal, social, or promotional nature
Expense Item (please describe) Anticipated Amount $

Total Anticipated Expenses $

Attached Documents
The following 5 policies/documents are mandatory requirements and must be submitted to InMotion Network prior to funding release. Please attach as many documents as you have ready at time of application. If you have questions please contact info@inmotionetwork.org.

3. Sponsoring Organization Volunteer Screening Policy
These forms are required to be submitted before funding is distributed. Please upload files in PDF format. Accepted file types: pdf, Max. file size: 50 MB, Max. files: 4.

4. Sponsoring Organization Concussion Policy and/or commitment to engage trained First Aid providers for the event.
These forms are required to be submitted before funding is distributed. Please upload files in PDF format. If you do not have a concussion policy please visit https://sportmedab.ca/concussion-policy-protocol where you can access resources, education and tools to support your concussion policy development. **Accepted file types: pdf, Max. file size: 50 MB, Max. files: 4.**

5. Certificate of Insurance, naming InMotion Network as an "also insured" while hosting your program/event.
These forms are required to be submitted before funding is distributed. Please upload files in PDF format. Accepted file types: pdf, Max. file size: 50 MB, Max. files: 4.

6. Formal letter of intent/support from your Mayor, Organizational President or Senior Administration.*

These forms are required to be submitted before funding is distributed. Please upload files in PDF format. Accepted file types: pdf, Max. file size: 50 MB, Max. files: 4.

7. Memorandum of Agreement*

Stroll to the top of this form to download the program appropriate MOU. These forms are required to be submitted before funding is distributed. Please upload files in PDF format.