

KARATE MANITOBA GUIDELINES AND CRITERIA FOR FUNDING ASSISTANCE

The following WILL BE considered for Karate Manitoba funding assistance in the following categories.

Clubs/Dojo

This is for out of province travel, competitions, seminars and upgrading of qualifications. Where possible appropriate funding grants from Sport/Coaching MB should be accessed. Clubs would be given consideration for working a bingo event as a means of funding rather than given an outright grant.

Athletes

A level of funding assistance would be provided for those representing the Manitoba team for inter-provincial and national level of competition. Additional funding can be accessed from the elite athlete assistance program through Sport Manitoba. This is only based on national and international tournament placement results. Athletes seeking funding must actively take part in the team training program and Karate Manitoba sanctioned events.

Coaches

Manitoba team coaches will be assisted for travel and related expenses when representing Manitoba in out of province events. Coaches wishing to upgrade their skills and ranking will be given consideration after a formal funding assistance request is made to Karate Manitoba. Funding from Sport MB to be utilized where possible and further funding could be considered on a grant matching bases. Coaches/Instructors must be actively involved in Karate Manitoba activities and events and have completed their Respect in Sport Program.

Officials

Officials must actively take part in seminars and programs being offered by Karate Manitoba in order to be considered for other types of upgrading and certification. Funding from Sport MB to be utilized where possible and further funding could be considered on a grant matching basis.

All of the above is contingent on budget allocations and availability of funding. Program priority will be given on the bases of Karate Manitoba objectives for any given year as maybe outlined in the annual business plan and directed funding applications made to Sport MB.

As a rule all funding assistance requests must be made 30 days in advance for consideration and must be made utilizing the attached Funding Assistance Request and proposed budget. As well, all applicants must complete a Post Event Funding Assistance Request and Post Event Actual Budget within 30 days of the completion of said event. The Post Event Actual Budget must include expense verification including actual receipts etc. Failure to provide the appropriate funding assistance requests and post event reports/actual budget and receipts may prevent further funding in the future.

Karate Manitoba Funding Assistance Request

Category

(please select the area under which you are applying for assistance)

Club/dojo event/seminar Coaching development
Official's assistance Nat./International competition

Applicant Information

Name of Karate Club: _____

Mailing Address: _____ Postal Code: _____

Contact Person: _____ Position/title: _____

Phone: _____(h) _____ (w) _____(c)

Contact email: _____ Fax: _____

Signature of applicant: _____ Date: _____

Cheque payable to: _____

***please note that eligibility does not ensure assistance.**

Project/Event Information

Name of Event - Competition/Clinic/Camp: _____

Other Event/Project Partners: _____

Date(s) of event: _____ to _____ Location: _____

Participating Towns s/Communities/Regions: _____

Participants: Males _____ Females _____ Total expected # of participants: _____

Age range of participants: from _____ to _____

Contact for event: _____ Phone: _____

Please list all your clinic/camp/ instructors if applicable: _____

****Please note that this application must include a budget.**

PROPOSED BUDGET KARATE MANITOBA FUNDING REQUEST

**** This report must be enclosed with your application****

ESTIMATED REVENUE

Registration fees: _____ X _____ = \$ _____
of participants registration fee

Host Organization Contribution: \$ _____

Partner Organization Contribution: \$ _____

Sponsorship / Donations: \$ _____

Other: \$ _____
(Please specify; fundraising, gate receipts etc.)

TOTAL REVENUE \$ _____

ESTIMATED EXPENSES

Clinician or Officials: \$ _____

Honoraria/seminar fee: \$ _____

Travel Cost: \$ _____

Accommodation/Meals: \$ _____

Equipment: \$ _____

(Please specify)

Administration: \$ _____

(Please specify)

Facility Rental: \$ _____

(Please specify)

Other expenses – please detail: \$ _____

TOTAL EXPENSES \$ _____

EXPENSES OVER REVENUE \$ _____

“Revenue over expenses” \$ _____

(If your application is projecting a surplus, please provide an explanation on what you will be using this surplus for)

POST EVENT REPORT KARATE MANITOBA FUNDING REQUEST

Indicate the grant area previously applied for:



Club/dojo event/seminar
Official's assistance

Coaching development
Nat./International competition

Project/Event Information

Name of Event: Competition/Clinic/Camp: _____

Date(s) of event/competition/clinic etc. _____ to _____

Location: _____

Participating Towns/Communities/Regions: _____

Participants: Males _____ Females _____ Final # of participants: _____

Age Range of Participants: from _____ to _____

Information Verification Statement

I confirm that the above information to be true and accurate and I have enclosed copies of all expense receipts/invoices to verify the financial statement.

Claimant's Name: _____ Title/Position: _____

Phone: _____ (h) _____ (w) _____ (c)

Mailing Address: _____ Postal Code: _____

Cheque made payable to: _____

Claimant's Signature: _____ Date: _____

****Please note that this application must include a post event actual budget.**

ACTUAL BUDGET KARATE MANITOBA FUNDING REQUEST

**** This report must be enclosed with your post event report and include actual receipts for costs****

ACTUAL REVENUE

Registration fees: _____ X _____ = \$ _____
of participants registration fee

Host Organization Contribution: \$ _____

Partner Organization Contribution: \$ _____

Sponsorship / Donations: \$ _____

Other: \$ _____
(Please specify; fundraising, gate receipts etc.)

TOTAL REVENUE \$

ACTUAL EXPENSES

Clinician or Officials: \$ _____

Honoraria/seminar fee: \$ _____

Travel Cost: \$ _____

Accommodation/Meals: \$ _____

Equipment: \$ _____
(Please specify)

Administration: \$ _____
(Please specify)

Facility Rental: \$ _____
(Please specify)

Other expenses – please detail: \$ _____

TOTAL EXPENSES \$ _____

EXPENSES OVER REVENUE \$

“Revenue over expenses” \$

(If your application is projecting a surplus, please provide an explanation on what you will be using this surplus for)
