



ABOUT THE GRANT

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- Sport activities must be affiliated with organizations recognized by Sport Manitoba, to find a list of sports eligible, please visit sportmanitoba.ca/partners

FUNDING POLICIES

- A) Deadlines are the 15th of each month (or the last working day prior to the 15th) at 4:30pm. Please allow a minimum of 3 weeks after deadline for processing. Both the Parent/Guardian and Sport Organization/Club will receive an email or letter indicating the outcome of the application.
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Where do I Submit my Application?

145 Pacific Ave Winnipeg, MB R3B 2Z6

Fax: (204) 809-4659 Phone: (204) 925-5911 KidSportMB@sportmanitoba.ca

If you need assistance completing this form or have questions, please contact.

Low Income Cut-Off Guidelines

Family Size	Maximum Annual Gross Income
2	\$ 33,141
3	\$ 40,743
4	\$ 49,467
5	\$ 56,105
6	\$ 63,276
7	\$ 70,449
+\$6,893 for each additional person	

STEP 1 CHILD INFORMATION	
Child's Last Name:	First Name:
☐ Male ☐ Female Age Date of Birth: `\	/ear Month Day
Sport applying for: Total Years in	Sport: Funding Request: \$ (Max: \$500
Mailing Address:	
City: Postal Code:	Number of Dependent(s) (18 & under) in Family:
Has this Child Ever Received KidSport™ Funding A	assistance Before? Yes No If YES when?
OPTIONAL: Is the child applying identified as: ☐ Indigenous ☐ New Immigrant ☐ Para Sport	Athlete Other
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Parent/Guardian Signature	Date
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E-mail:	Relationship to Child:
Please check one: Single Parent If Married or Common-Law, please include both partner's in	
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Club Mailing Address:	City: Postal Code:
Contact: Position:	Email:
Sport Organization Signature:	Telephone:
Sport Registration Fee: \$ (nc	ot including fundraising, pictures, uniforms, membership etc.)
Program Dates: (Start)	(End)
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- C) We ask that you to register for your program before submitting your application and recommend submitting the deadline prior to the program starting. Funding can't be provided for programs that have already been completed.
- D) The Sport Information section must have an original signature from a Sport Organization representative or attach the registration invoice you are applying for.
- E) Official proof of total income must be provided for all adults/guardians living in the home. Income is based on total income, not taxable income. Applications will not be processed without proof of income. Please provide a copy of your CRA Notice of Assessment showing Line 150 Total Gross Income. Additional proof of income, such as pay stubs, T4 slips, insurance such as EI or disability, or educational income assistance. To obtain your most recent CRA Notice of Assessment, contact Revenue Canada at 1-800-959-8281 or log into your CRA Account online.
- F) If you are a Foster Parent of the applicant or if you are on Social Assistance, please provide proof of Foster Parent Status, Social Assistance Status, or letter from a case worker. Foster parents are not required to submit their financial information when applying for their foster children; however, a copy of your current foster license is required.
- G) **NEW**: If your family's financial situation in 2021 was impacted due to COVID-19, please submit your most recent Notice of Assessment as well as verification that you have received any of the following: Canada Emergency Response Benefit, El Benefits, Income Assistance or Indigenous Social Assistance, Temporary Wage Top-Up, Canada Emergency Student Benefit.

Where do I Submit my Application?

145 Pacific Ave Winnipeg, MB R3B 2Z6

Fax: (204) 809-4659 Phone: (204) 925-5911 KidSportMB@sportmanitoba.ca

If you need assistance completing this form or have questions, please contact.

Low Income Cut-Off Guidelines

Family Size	Maximum Annual Gross Income				
2	\$ 33,141				
3	\$ 40,743				
4	\$ 49,467				
5	\$ 56,105				
6	\$ 63,276				
7	\$ 70,449				
+\$6,893 for each additional person					

STEP 1 CHILD INFORMATION						
Child's Last Name: First Name:						
☐ Male ☐ Female Age Date of B	3irth: Year	Month	_ Day			
Sport applying for: Total Y	ears in Sport:	Fundin	g Request: \$	(Max: \$500)		
Mailing Address:						
City: Postal Code:	Numbe	r of Dependent	t(s) (18 & under) in	Family:		
Has this Child Ever Received KidSport™ Fur	nding Assistance E	Before? ☐ Yes	☐ No If YES whe	en?		
OPTIONAL: Is the child applying identified a ☐ Indigenous ☐ New Immigrant ☐ Para] Other				
I authorize KidSport and the Sport Organi	zation to discuss	the status of	this application.			
Parent/Guardian Signature	rent/Guardian Signature Date					
STEP 2 PARENT / GUARDIAN INF	ORMATION					
The parent/guardian will act as contact person for the child & will receive all correspondence.						
Last Name: First	st Name:		Telephone:			
E-mail: Relationship to Child:						
Please check one: Single Parent If Married or Common-Law, please include both pa			Common-Law nousehold annual inco	ome.		
Do any of the following apply to your family? If Yes, Proof of Status must accompany application			Foster Parent			
STEP 3 SPORT INFORMATION (m	ust be complete	ed by the Sp	ort Organization	/Club)		
Sport Organization/Club:						
Club Mailing Address:	(City:	Postal Co	de:		
Contact:Po	sition:	Ema	ail:			
Sport Organization Signature:		_Telephone: _				
Sport Registration Fee: \$	(not including	fundraising, pid	ctures, uniforms, m	embership etc.)		
Program Dates: (Start)	(End)					
STEP 4 FINANCIAL INFORMATIO	N					
Official proof of total income must be pro	vided for <u>all partr</u>	ers as indicat	ted above living in	the home.		
I have provided one of the following supporting	ng documents: <i>(ple</i>	ease check all	boxes that apply)			
☐ Canada Customs and Revenue Agency N	lotice of Assessme	ent (NOA) (See	Funding Policy 'E')			
COVID-19 Relief:	Μι	ust include NC	A (See Funding Policy	/ 'G')		
☐ Proof of Social Assistance Status (See Fundamental Control of Social Status (See Fundamental Control of S	nding Policy 'E')					
☐ Proof of Foster Parent Status (See Funding	Policy 'E')					
Other Income:	(See F	unding Policy 'F')				
HOUSEHOLD ANNUAL INCOME: PARTNER #1: \$	+					
PARTNER #2: \$	= т	OTAL HOUSEHO	LD INCOME \$			