



Coaching Assistance Program Application Form

Participant Information:

I hereby submit this application for funding assistance through the Rivers West District *Coaching Assistance Program*:

Name: _____ Position: _____

Organization: _____

Mailing Address: _____

Phone #: (306) _____ email: _____

Signature: _____

Course/Training Details:

Date of Course/Training: _____ Location: _____

Organization hosting the clinic: _____

Please provide a brief description of the course/training opportunity and how you plan to use the knowledge you gain from the course:

Will you be gaining certification from this course? Yes _____ No _____

Please explain (level of certification):

Will you be receiving other funding to use for this course/training opportunity? Yes _____ No _____

If yes, please list the other sources of funding:

Is this course/training opportunity available within Rivers West District? Yes _____ No _____

Tentative Budget:

Please provide a detailed tentative budget. Include all expenditures and sources of revenue.

Revenues	Budget
Participant contribution	
Other (please list)	
Rivers West District request (maximum possible reimbursement \$500)	
Total Revenues	

Expenditures	Budget
Mileage/travel (both ways at \$.50/km)	
Meals (maximum \$40/day)	
Accommodations	
Registration fees	
Course materials	
Other (please list)	
Total Expenditures	

**If this application is successful the cheque should be made out to: _____

Please complete all sections of the application and return the completed form to:

Rivers West District for Sport, Culture & Recreation Inc.

P.O. Box 1480, Rosetown, SK., S0L 2V0

Attention: Donna Johnston-Genest, Executive Director

Email: rwdsr.donna@sasktel.net

Fax #: (306) 882-2744

Funding will only be forwarded after the follow-up form with copies of all related expenses has been submitted to Rivers West District, no later than 4 weeks after completion of the course/training opportunity. Failure to do so will jeopardize any future funding requests by your organization/community. Rivers West District will not retroactively fund applications.

For Office Use Only:

Date received: _____ **Date approved:** _____

Amount approved: _____ **Cheque #:** _____ **Date of issue:** _____

Date of rejection: _____ **Reason for rejection:** _____

Authorized signature: _____

