shíshálh Nation Wellness and Recreation Programs

Youth Recreation Grant Application Guidelines (2024-2025)

shíshálh Nation

The shíshálh Nation Youth Recreation Grant is a community-based funding program that provides grants for shíshálh Nation children and youth aged 24 and under to participate in **recreational activities** such as sports, the arts, music and camps. The shíshálh Nation will work to fulfill its mission of eliminating financial barriers for shíshálh Nation Community to participate in recreation activities. For more information, please contact the shíshálh Nation Wellness Recreation Coordinator at 604-399-9817

Consideration
The Nation considers the social and economic barriers facing the shíshálh Nation Community when determining eligibility for funding. To help manage the increased demand and to ensure fair distribution of funding, the following screening criteria will be applied:

- As resources allow, first time applicants will receive priority for grant funding.
- Returning applicants will be considered on a monthly basis, as funding permits.
- Applications currently on file will be processed as funding permits.
- Unsuccessful applicants will be notified as quickly as possible.

Guidelines

- Children & Youth ages 24 and under are eligible to apply for a grant.
- The child or youth must reside on the Sunshine Coast ***OR*** must provide proof of full-time enrollment in post-secondary studies to be eligible for off coast funding.
- The child or youth must be a shíshálh member, or a child of a shíshálh Nation parent, foster parent, adoptive parent, or stepparent
- Grants of a maximum of **$500.00** are to be used for the payment of sport participation/registration fees and/or required equipment.
- One-to-one coaching, tutoring, travel, fundraising, championships, etc. are **not** eligible expenses
- Only one application per calendar year for one eligible activity may be submitted
- Applications must be received prior to the requested season/program start date
- Sport and recreation activities must demonstrate a sustained experience (activity led by a qualified coach/instructor)
- Incomplete applications will be returned

Application

- The parent/guardian of the applicant (if under 18 years of age) must initiate the application on their/their child's behalf.
- The parent/guardian fills out sections 1 to 3 and submits the application to Community Member Services
- It is the responsibility of the parent/guardian to ensure the application is complete and submitted to Community Member Services.

Grant Distribution

- Once the completed application is received and approved and registration has been verified, payment will be made activity organizer (e.g. club, league, school). If funds are used for equipment, applicants may request a Purchase Order (PO) to purchase the item(s) or submit receipts for reimbursement.
- Items purchased with a Purchase Order (PO) require submission of receipts after purchase.
- Please keep a copy of the application for your records
- Please allow a minimum of 60 days for review of application; processing time will vary depending on the availability of funds

Application Approval
Notification of the status of the application will be sent to the activity organizer and Applicant as soon as possible. The youth or parent/guardian (if under 18 years of age) or organization must notify the shíshálh Nation if the participant withdraws from the activity. The grant must be used by the person for whom it was approved; no portion of the grant can be transferred to someone else.

Privacy / Confidentiality
The shíshálh Nation respects your privacy. We never sell, trade or loan your information to any other organization. Information provided in this application is being collected for the purpose of administering the recreation grant application. This information will only be disclosed to Community Members Services personnel who need the information to carry out the responsibilities of their job, and to other organizations who may need to be contacted in order to process the application. Statistics are reported to Chief and Council. Individuals are not personally identified. By completing this application form you agree to have all collected information stored in our online database system.

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All sections of the application must be filled out completely. Incomplete and illegible forms will be returned. The applicant (or parent/guardian) completes sections 1 – 3. Please see Application Guidelines for complete details on application process. By submitting this form, you agree to have your information stored in our online database system.

Section 1: Nation Member Applicant	
First Name:	Last name:
Mailing Address:	
City:	Postal Code:
Telephone:	Birth Date (YYYY-MM-DD):
Gender: ☐ male ☐ female ☐ other:	Status Number:
Enrolled in Post Secondary? ☐YES ☐NO	Proof of Registration: ☐YES ☐NO
Section 2: Requested Activity	
Activity for which the grant will be used:	Program/season start date:
☐ registration fees: $	☐ equipment (provide details): $
Full Registration/Equipment Cost: $	Grant Request: (max $500): $
Organization name (e.g. club, league, school):	
Mailing Address:	
City:	Postal Code:
Telephone:	Email:
Contact:	Position:
Section 3: Parent/Guardian (if applicant is under the age of 18 years)	
First Name:	Last name:
Mailing Address:	
City:	Postal Code:
Telephone: ( )	Email:
Relationship to applicant:	

Please complete the following section. All boxes must be checked for application to be processed:

- ☐ The information presented in this application is true and complete to the best of my knowledge.
- ☐ I have read and agree to the privacy policy (see guidelines)
- ☐ I have provided proof of full-time registration in a post secondary program **if applicable*
- ☐ I give shíshálh Nation Staff permission to contact me
- ☐ I agree to and understand that while the shíshálh Nation is providing funding to cover the fees associated with the requested activity, I will not hold the shíshálh Nation responsible, nor will I take legal action under any circumstance (i.e. injury, etc.)

Signature of Applicant or Parent/Guardian:	**Date:**

Office use only		**Application approved**	☐ **Yes** ☐ **No**
Received by:	**Date:**		
Wellness Centre Manager signature:			