



# ABOVE & BEYOND COACH GRANT

HOW WILL YOU LEAD EXCELLENCE?  
COACH APPLICATION FORM

## APPLICATION PROCEDURE

Applicants must use the following format. Incomplete applications will not be considered. Coach New Brunswick (The Centre for Coaching Education of New Brunswick - CCENB) may request additional information from any organization or coach to assist in the review of the application.

### A. General Information / Contact Details:

FULL NAME: \_\_\_\_\_

Your Sport: \_\_\_\_\_

Community / are(s) served: *(specify)* \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City / Town: \_\_\_\_\_ Fax: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

NCCP #: \_\_\_\_\_ Current NCCP Training : \_\_\_\_\_

Amount of funding Requested: \_\_\_\_\_

### B. Description of Initiative for which you are requesting funding:

NCCP Sport Specific Training       Learning Facilitators Training\*       Coaching Development

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### C. Tell us your story

There are so many applications for funding these days that what stand out is telling an anecdote! Detail how the funding will lead to sustainable delivery and the long-term impact the funding could have. Show us that the funding you potentially could receive will not only impact on you/your organisation but also on the wide communities and any other partner initiative/program.

(min 100 words)

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**D. Is this program held by:**

- National Sport Federation
- Provincial Sport Organisation
- Neither it was developed locally or regionally
- Other (if so, specify) \_\_\_\_\_

**E. Budget**

Please include a detailed breakdown of cost / expenses associated with the project, and any in-kind or other contributions / sources of funding. To be eligible, cost must be directly related and necessary to coaches. See Coach New Brunswick’s Funding Program Guidelines for a list of potentially eligible expenses. Be sure to include the grant amount requested.

Name of Initiative: \_\_\_\_\_

Date of Initiative: \_\_\_\_\_

*(Complete budgets must be submitted for each initiative/project for which you are requesting financial assistance.)*

**EXPENSES:** *(identify the approximate amounts associated with the initiative in the areas noted below. Where appropriate provide details)*

.....Travel/Transportation <i>(including such things as airfare, mileage, rental cars, taxis etc.)</i>	_____
.....Accommodations <i>(including number of rooms x number of nights x number of occupants x room rate)</i>	_____
.....Food <i>(estimate the costs of meals e.g., # of meals per day x days)</i>	_____
.....Event Fees <i>(including registrations, conference fees, entry fees, tuition etc...)</i>	_____
.....Other Certification Fees, Sanctioning Fees, Association Fees	_____
.....Other (Specify): _____	_____
Total Expenses:	_____ 0

**REVENUE:** *(identify approximate amounts of assistance available from the following sources for the initiatives noted above):*

.... \$ available from PSO (Provincial Sport Organization)	_____
.....\$ available from Club	_____
.....\$ available from Fundraising	_____
.....\$ available from Sponsorships	_____
.....\$ available from Other sources _____	_____
Total Expenses:	_____ 0

## F. EVALUATION

The evaluation will primarily be based on the Funding Program Application Form and Guidelines. Please allow Coach New Brunswick 1 month to evaluate applications. By using the application form for everyone Coach New Brunswick will be able to collect data that could help us for surveys, development and documenting future opportunities.

## G. PAYMENT

If your application is successful, Coach New Brunswick will mail directly to the Provincial Sport Organization's treasurer or the coach. This will be followed with detailed information that outlines the Provincial Sport Organization's roles and responsibilities as well as agreed upon outcomes. The grant may be broken down into two installments depending on the amount of the grant and the nature of the project.

Name of who's attention the payment will be paid to (coach or the treasurer of the Provincial Sport Organization): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact Information: (Tel): \_\_\_\_\_ (Email): \_\_\_\_\_

## H. ACCOUNTABILITY DECLARATION OF PARTNERS

I, the undersigned, am authorized by our organization to support this partnership for the stated purpose on behalf of the organization. The information presented in this application is, to the best of my knowledge, true and correct.

Furthermore, in the event that the application is successful, the organization/coach agrees to:

1. A Coach Accountability report must be submitted after the course or project is held;
2. Receive and account for all project funds, through the Provincial Sport Organization;
3. Ensure course or project is complete and all obligations met.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## I. FINAL CHECKLIST (*Confirm all sections have been completed*)

- |                                                    |                                                                 |
|----------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> General Information       | <input type="checkbox"/> Budget                                 |
| <input type="checkbox"/> Description of Initiative | <input type="checkbox"/> Evaluation                             |
| <input type="checkbox"/> Tell us your story        | <input type="checkbox"/> Payment                                |
| <input type="checkbox"/> Program held by           | <input type="checkbox"/> Accountability Declaration by Partners |

## PROPOSAL SUBMISSION DEADLINE

All applications must be received by 4:30 p.m. every 3<sup>rd</sup> Thursday of the month. Late applications will be processed at the next evaluation period. Proposals may be submitted electronically via email, fax or by mail. *Please submit completed application to:*

**Coach New Brunswick**  
Attention: Manon Ouellette  
Telephone (506) 444-3888 Fax (506) 459-0481  
Email: [manon@coachnb.ca](mailto:manon@coachnb.ca)

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