



Guidelines for Application

Let Kids Play Foundation

2703-2355 Madison Ave

Burnaby, BC

V5C 0B3

The objective of Let Kids Play (LKP) is to increase the health, enhance the education and develop the skills of low-income and underprivileged youth by providing funds, scholarships and services to enable them to participate in organized sporting activities.

Guidelines

- Children under the age of 18 years who are residents of British Columbia are eligible for a grant
- Grants of a maximum of \$200 are to be used for the payment of sport participant/registration fees
- Travel to events and tournaments are not eligible expenses. Only one application per calendar year, for one eligible sport, may be submitted
- Applications must be received prior to or during the requested season of sport. We recommend submitting your application as early as possible to allow for adequate evaluation time.
- Sport activities must demonstrate a sustained sport experience (a season of sport led by a qualified coach). Camps/lessons intended to provide introduction to a sport may also be eligible.

Evaluation Criteria

- Financial need will be the primary method for evaluation of applications and determination of any grants awarded
- Other criteria include:
 - o Social barriers to participation
 - o When needed, preference will be given to applicants who are being introduced to organized sport
 - o The legitimacy of the league or sport organization

Process

- An Adult Sponsor (parent, guardian, counselor, coach, friend) other than the Endorser must initiate the application on behalf of the child
- The Adult Sponsor fills out sections 1 to 3 and passes the application on to an endorser
- The Endorser should be familiar with the applicant's financial situation as their signature verifies the family's need
 - o An endorser is a "community professional", who is an objective, independent, arm's-length individual who is familiar with the family and is in a professional position to identify and assess the family's specific economic and/or social barriers
 - o Examples of qualified endorsers are: social/community workers, doctors, principals/teachers, police officers, and government caseworkers
- The Endorser is required to prepare a written letter, on official letterhead, providing a clear and detailed description of the economic and/or social barriers impacting the family, in addition to identifying the type and length of their professional relationship with the family
- The Endorser also completes section 4 of the application and submits it along with their endorsement letter to Let Kids Play

Grant Distribution

- Let Kids Play Foundation prefers to issue funds directly to the sport organization and will issue funds to the adult sponsor only if a receipt proving payment of registration fees is included with the application
- Please keep a photocopy for your own records
- Processing time will vary depending on the availability of funds and the timing of application submission
- Let Kids Play has 6 "application cycles" in a given calendar year, and has the following application "deadlines" for the 2011 calendar year: January 1st, March 1st, May 1st, July 1st, September 1st, November 1st
- Successful applicants will be notified by 3 weeks post application deadline and funds issued to sporting organizations within 4 weeks of the given application deadline.

For more information, please visit our website at www.letkidsplay.ca or email info@letkidsplay.ca

The Let Kids Play foundation is sustained by contributions from individual and corporate sponsors. Contributions can be made payable to "Let Kids Play" or can be made online at www.letkidsplay.ca/donate
Tax receipts will be issued upon request for donations of \$25 or more.

Return applications to:

Let Kids Play Foundation 2703-2355 Madison Ave, Burnaby, BC V5C 0B3 Fax 604.648.9294



1 Child/Youth Information

Name: Birth Date (dd/mm/yy): M F

Address: City:

Postal Code: Tel: ()

Email:

Estimated Annual Household Income (confidential):

Sport: Sport Season (ie. Sept-March):

Is this the child's first time playing this sport? Y / N

Full Cost of Registration: Grant Request (Max \$200):

Has the Child Received/Applied for Funding from another Organization? Y / N

If Yes, Name of Organization & Amount

How did you hear about Let Kids Play?

2 Sport Organization

Except in special cases, Let Kids Play will pay funds directly to the league or sport organizers, or will reimburse the applicant in the amount pledged by the organization upon being provided with a written receipt. Please ensure the organizations mailing address is correct. If you would like to be reimbursed directly, please submit a written receipt with this application.

Club/League: Contact:

Position: Tel: ()

Address: City:

Postal Code: Email:

3 Adult Sponsor

Name: Tel: ()

Relationship to athlete (parent, guardian, counselor, coach, friend, etc):

Address: City:

Postal Code: Email:

I agree that the above information is accurate.

Signature of Adult Sponsor: Date Submitted:

Application Form continued on next page. Please complete all fields.



4 Endorsement

The endorser ensures that funds go to a deserved applicant. He/she is a "community professional", who is an objective, independent, arm's-length individual who is familiar with the family and is in a professional position to identify and assess the family's specific economic and/or social barriers. Examples are included in the guidelines page above.

The endorser is required to prepare a written letter, on official letterhead, providing a clear and detailed description of the economic and/or social barriers impacting the family, in addition to identifying the type and length of their professional relationship with the family.

Name: _____ Relationship to family: _____

Organization: _____ Title: _____

Address: _____ City: _____ Postal Code: _____

Tel: (w) (____) _____ (h) (____) _____ Email: _____

I have completely read & understood all application instructions and guidelines. Further, I believe all information on this application is true, and to verify, I agree to participate in a brief telephone follow-up if required.

Signature: _____ Date: _____

6 INTERNAL USE ONLY – Please do not complete this section

Date Received: _____ Application #: _____

Application cycle eligible for: Jan/Feb Mar/Apr May/June July/Aug Sep/Oct Nov/Dec

Grant Amount Issued: _____ Date Completed: _____