



P.O. Box 8700, St. John's, NL A1B 4J6
 Phone (709) 576-4932 Fax (709) 576-7493
 Email sportnl@sportnl.ca Website www.sportnl.ca

Coaching Council of Newfoundland & Labrador APPLICATION FOR PROFESSIONAL ASSISTANCE FUNDING

Applicant's Name _____

Mailing Address _____

Phone (H) _____ (W) _____ (F) _____ (Email) _____

Provincial Sport Organization _____ Team Presently Coaching _____

Letter of endorsement attached from your PSO Coaching or Technical Chair? **YES / NO**

Brief financial outline of your project attached. **YES / NO**

Name and brief description of your project. Include where and when the course is being offered.

Describe any other means of funding you will access for this project. _____

General Funding Guidelines

Applicants are encouraged to apply for only one project per year for skill development in coaching amateur sport. Applications are reviewed bi-monthly. To access funding, successful applicants must submit a brief report, including a breakdown of finances associated with the course. Funding will not be awarded for more than 50% of the total costs associated with a course. Applicants are encouraged to apply for other means of assistance. This funding is not just for NCCP Courses. Priority will be given in the following order for applications: Elite ó Provincial Team ó Development Teams ó Grass Roots ó Seniors (Over Canada Games Age). Applicants must be registered members in a PSO that is in good standing with Sport Newfoundland & Labrador. Funding will not be offered to full time, paid coaches.

Incomplete applications will not be considered. Please insure all attachments are included.

OFFICE USE ONLY Date follow up report Received _____

Template for PSO Letter and budget (Replace this line with PSO Letterhead and complete this letter) Feel free to expand wherever necessary.

Date _____

Coaching Council of Newfoundland & Labrador
c/o Sport Newfoundland & Labrador
PO Box 8700
St. John's, NL
A1B 4J6

To Whom it may concern

Please accept this letter of support for _____. He/she will be attending _____
_____ (Name of course, clinic, seminar) and will incur expenses as outlined
below.

The course, clinic, seminar is set for (Date) in (Place).

We understand that _____ must submit a brief report upon completion of the course to
obtain funding from the Coaching Council of Newfoundland & Labrador.

Sincerely

(Name)
Technical Director, etc.

Date of Travel Depart Home _____ Return Home _____

EXPENSES (Estimated)

Airfare _____

Meals _____

Accommodations _____

Course Registration _____

REVENUE (Estimated)

Provincial Sport Organization _____

Club Support _____

Other _____

TOTAL AMOUNT OF FUNDS REQUESTED _____