



# Parasport and Recreation for Persons with a Disability Initiative One time "Try It Session" funding

#### Overview

The Parasport and Recreation for Persons with a Disability Initiative "Try It Session" funding administered by Recreation NL, is a strategic initiative supported by the provincial government's recreation and sport strategy, *Active Healthy Newfoundland and Labrador (2007).* The program aims to increase opportunities for individuals with disabilities to participate in parasport and recreation through education, awareness and capacity building. This funding is possible as a result of the Government of Newfoundland and Labrador's collaboration with the Federal Government (Sport Canada) in signing a bilateral agreement to provide increased opportunities for sport and recreation for persons with a disability.

**Up to \$1,000** in funding is available to promote and expand existing parasport programming by offering "Try It" sessions. The Try It sessions will aim to increase awareness and participation in parasport and inclusive recreation in Newfoundland and Labrador. Organizations will have the opportunity to host community members for a one-day event showcasing their respective parasport.

## Who Can Apply?

- Not for Profit Sport Organizations (PSO's)
- Non-profit Organizations
- Municipalities, Recreation Departments/Commissions
- Recreation and Community Groups/ Committees
- Parasport Groups/ Committees

Applicants must be recognized as a member in good standing with Recreation NL, Sport NL or Parasport NL. Applications will not be accepted from for-profit organizations/businesses.

# **Application Deadline**

Application deadline is **Friday**, **November 21**<sup>st</sup>, **2025** This is a one-time funding opportunity.









#### Eligibility Criteria/Expenses

- Must have an existing program.
- Must have equipment to support the program or a plan to expand on equipment availability.
- Funding can be used for:
  - o Transportation costs for persons with a disability to attend the program.
  - o Honorarium for staff and volunteers.
  - Advertising and promotion of the event.
  - o Rental fees for space needed to conduct the Try It session.

#### Ineligibility Criteria/Expenses

- Purchase of equipment for the Try It session.
- Purchase of food for the session
- Purchase of clothing and/or uniforms

#### How are applicants notified, and payments processed?

ALL applicants will be notified of the outcome of their application in writing from Recreation NL. If approved, the applicant will be notified by e-mail and a formal letter and cheque in the amount approved to the applicant will be mailed.

Groups awarded funding will receive 75% up front and the remaining 25% will be awarded once the session has been completed and the final report form as been submitted to Recreation NL. The Try It session must be completed within a year of the funding being received.

### What Are Reporting Requirements?

Upon conclusion of the event, a follow up report must be completed no later than 30 days after the program/activity is completed.

# What are the follow-up requirements?

Upon conclusion of the event, a follow up report must be completed no later than 30 days after the program/activity is completed. The final report must be completed for the organization/group to be considered for future funding. The final report should be submitted to the Parasport and Recreation for Persons with a Disability Initiative Coordinator, Amanda Brinson at <a href="mailto:amandabrinson@recreationnl.com">amandabrinson@recreationnl.com</a>





# Parasport Try It Session Application

Maximum Awarded: \$1000 per PSO/group

SECTION 1: General Information			
PSO/Group Name:			
Contact Name:	Title/Position:		
Permanent Mailing Address:			
Town/City:	Postal Code:		
Telephone Number:			
Email (mandatory to include):			
SECTION 2: About Your Group			
What is the mission/vision of your group?			
How many poople does your group offset d	ireatly? Places he as apositic as possible		
How many people does your group affect d			
(i.e., number of team members or community members).			
	<del></del>		
Please specify the gender/gender identity breakdown of your group:			
Males:			
Females:			
Other:	<del></del>		





SECTION 3: Try It Session Information
Location of Try It session:
Date:
Please provide a description of the program you currently offer:
Please provide a description of the Try It session that will be offered:
Please provide a description of your advertising/promotional plan for the Try It session:
What accessibility features are in place for persons with a disability at the location of the Try It session:





Budgetary Items	Details	Total Cost	Amount	
			requested	
		Total:	Total:	
SECTION 4: Addit	tional Information			
Have you received funding from other sources that will support this application? ☐ Yes ☐ No				
If yes, please explain:				
Are you working with additional partners: ☐ Yes ☐ No				
If yes, please explain:				
Other Information:				





#### **SECTION 5: Authorization**

I certify that to my knowledge, the information provided in this grant application is accurate and complete and is endorsed by the organization/group that I represent and that I am authorized to enter into funding agreement on behalf of my sport organization. I certify that my organization/group meets the basic eligibility criteria referenced in this application/guidelines document. I also certify that if successful for funding my organization/group will abide by all terms and conditions herein which will form the agreement between the parties involved.

If funded, I agree to:

- 1) Use the funding only for the purposes outlined in the original application within one year of receiving funds.
- 2) Submit a final report within 30 days after completion of the activity. I acknowledge that failure to submit a final report will result in my organization/group being ineligible to receive future funding.
- 3) Acknowledge Recreation NL's contribution to this project where appropriate.
- 4) Return any funds that are not used for the purposes outlined in the application.
- 5) Give Recreation NL the ability to use this information for communication purposes.

Name of signing authority (please print):			
Title/Position:	Email:		
If application is emailed, typing the name below will satisfy the signature requirement.			
Signature of Signing Authority	Date		

Please submit this application to:

RNL – Parasport and Recreation for Persons with a Disability Initiative 1296A Kenmount Road Paradise, NL A1L 1N3 OR

Email: amandabrinson@recreationnl.com