



Support to Sports Participation Grant Application Form



REQUIREMENTS

- Be a Canadian Armed Forces Regular or Reserve Forces member.
- Be supported and recognized **ON DUTY** to be eligible for the Support to Sports Participation Grant (ref DAOD 5045-1, Canadian Armed Forces Sports Program - Canada.ca)
- Have valid FORCE Test for the duration of the event.
- Have NO history of disciplinary or misconduct within the CAF Sports Program.
- Submit the application form thirty (30) days prior the event and complete the Support to Sports Participation Grant survey with photos NLT 30 days after the event.

CHECKLIST

Please ensure the following documents are included with your application:

Applicant will provide:

Completed Application Form

Receipts to substantiate expenses. Reimbursement of eligible expenses are subject to receipts

Local CAF Sports will verify the following, internally:

Valid FORCE Test

Support from CoC

Availability of funds based on event

Completion/Confirmation of proof of Notice of Intent to Travel (**NOIT - for intl event only**)

APPLICANT INFORMATION

Service Number: _____ Rank: _____ Gender: _____

Full Name: _____
Last Name First Name DOB: _____
DD-MM-YY

Current home address Number: _____ Street: _____

Apt.: _____ City: _____ Prov. & Terr.: _____ Postal Code: _____

Phone: _____ Email: _____

Element: _____ Base/Wing: _____ Unit: _____

FORCE Test Evaluation Date: _____ Class: _____
DD-MM-YY Reg Forces / Reserve

Applicant Signature: _____ Date: _____
DD-MM-YY

EVENT DETAILS

What is your role at the event: _____ Sport: _____

Name of the event: _____

Host Organization: _____ Date Range: _____

Event level: _____ Location: _____
(City / Province / Country)

Event link: _____

Details of previous events / experience within the sport:

Details of your preparation / training for the requested event:

INJURIES & RISK MITIGATIONS

Is your application for a combative or extreme sport.

Combative

Extreme Sport

No

Please describe medical services available during your event in case of injury:

What could be risks associated with your participation in the event? Please explain your risks mitigations strategies:

Do you have a history of injury with this sport? If yes, please describe:

*Note that for Sports with a high risk of injuries that have the potential to significantly impact military careers or result in death will not be supported by this grant.

EXPENSES

Please summarize the estimated expense under each category below (including taxes).

Do not include receipts with this application form. While receipts are required for all expenses, all receipts must be presented with the completed claim form. Documents should be submitted as JPEG or PDF formatted copies attached or combined in a [single email](#) to your local CAF Sports staff.

CATEGORY (AS APPLICABLE)	PROJECTED EXPENSE	EXPENSE DETAIL/ADDITIONAL NOTES
Registration Fees	\$	
Transportation (incl. ground transportation, flights, parking etc.)	\$	
Accommodations	\$	
Meals	\$	
Other (specify in notes)	\$	
TOTAL	\$	

FUNDING SOURCES

Please list any financial assistance you are receiving from other sources, grants, sports organizations, etc.

Note: All sources of funding received prior to the start of the event must be disclosed.

SOURCE OF ASSISTANCE	AMOUNT	COMMENTS / ADDITIONAL NOTES
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

APPROVAL SIGNATURES

LOCAL FITNESS, SPORTS AND RECREATION MANAGER APPROVAL

Full Name: _____
Last Name First Name

Local Personnel Support Programs will support this member with the following allocated funding:

\$ _____

Signature Date (DD-MM-YY)

REQUEST

APPROVED

NOT APPROVED

REGIONAL SPORTS MANAGER (RSM'S) FINANCIAL SUPPORT

Full Name: _____
Last Name First Name

Regional Support Manager will support this member with the following allocated funding:

\$ _____

Signature Date (DD-MM-YY)

REQUEST

APPROVED

NOT APPROVED

CAF SPORTS HQ OFFICE APPROVAL FOR NATIONAL & INTERNATIONAL EVENTS

Full Name: _____
Last Name First Name

CAF Sports HQ Office will support this member with the following allocated funding:

\$ _____

Signature Date (DD-MM-YY)

REQUEST

APPROVED

NOT APPROVED

UNIT COMMANDING OFFICER APPROVAL FOR LOCAL / PROVINCIAL / NATIONAL EVENTS

Unit: _____

Rank: _____ Full Name: _____
Last Name First Name

Unit CO will support this member with the following allocated funding: \$

** In approving this request, I understand that the member will be ON DUTY while travelling to / from and participating in the above-mentioned event. **Any additional Temporary Duty requirements in accordance with CFTDTI / CBI 209.015 are a responsibility of the member's CoC.***

Signature

Date (DD-MM-YY)

REQUEST	
APPROVED	NOT APPROVED

BASE / WING COMMANDER APPROVAL FOR INTERNATIONAL EVENTS

Unit: _____

Rank: _____ Full Name: _____
Last Name First Name

** In approving this request, I understand that the member will be ON DUTY while travelling to / from and participating in the above-mentioned event. **Any additional Temporary Duty requirements in accordance with CFTDTI / CBI 209.015 are a responsibility of the member's CoC.***

References: [DAOD 5045-1, Canadian Armed Forces Sports Program - Canada.ca](#)

Signature

Date (DD-MM-YY)

REQUEST	
APPROVED	NOT APPROVED