

CONFIDENTIAL

**2020-2021 CLUB EMERGENCY ASSISTANCE PROGRAM (EAP)
APPLICATION FORM**



CATEGORY #2 RE-OPEN STREAM FALL 2020

_____ I attest that our organization and/or its members have been negatively impacted by COVID-19, which has resulted in financial hardship and is therefore in need of Gymnastics Saskatchewan funding. If checked, please complete the remainder of the form for submission.

SIGNATURE OF CLUB SIGNING OFFICER _____

CLUB NAME	
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CONTACT PERSON		EMAIL ADDRESS	
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MAILING ADDRESS		PHONE	
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Club Details:

What type of facility are you in?

- _____ Permanent (year-round) facility
- _____ Rent seasonal space (community facility)

Our club offers programs:

- _____ Year-round – fall, winter, spring, summer
- _____ Fall, winter, spring
- _____ 1-2 sessions only a year
- _____ Other (Please specify below)

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Our club offers programs for:

- _____ Recreational
- _____ Active Start
- _____ Performance/Gymnaestrada
- _____ Inter-club and/or Competitive WAG
- _____ Inter-club and/or Competitive MAG
- _____ Inter-club and/or Competitive TG
- _____ Inter-club and/or Competitive RG
- _____ Inter-club and/or Competitive Acro

- _____ Birthday Parties
- _____ Summer Camps
- _____ Outside User Groups (schools, daycares, sport cross training, etc.)
- _____ Other, please describe below:

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Coaching & staff numbers:

	Pre-Covid number of coaches/staff	Current (fall 2020) number of coaches/staff	Re-hiring plan? (Yes/No)
Full Time			
Part Time			

Please indicate which provincial & federal funding support measures you applied for and/or received:

	Yes & approved	Not yet, will apply	No	Not eligible
Canada Emergency Wage Subsidy (10%)				
Canada Emergency Wage Subsidy (75%)				
Business Credit Availability Program				
Saskatchewan Small Business Emergency Payment				
Canada Emergency Commercial Rent Assistance				
Other (please specify)				

Please explain if you answered NO to any of the above funding additional funding measures.

Our club would like to apply for Gym Sask EAP financial assistance for costs not covered by other sources – total amount and details as follows:

SPENDING PLAN	
1) Staffing/Coaching costs Sept-Dec 2020	\$ /month
2) Facility rental/lease/mortgage Sept-Dec 2020	\$ /month
3) Covid related ongoing costs for PPE, cleaning, sanitizing, equipment, signage, other Sept-Dec 2020	\$ /month
Total COVID-19 Impact Per Month	\$ /month
Total EAP Amount Requested for Fall Re-Open (Sept-Dec 2020)	\$

*Please note: This spending plan requires supporting documentation. The supporting documentation must be submitted as part of the grant follow-up report which will be due December 31, 2020.

Please provide a detailed description on the financial impact COVID-19 has had on your club.

Please provide a detailed description of your spending plan for Gym Sask EAP funding. This description will be used by an adjudication panel to assess your funding needs.

Please attach for our committee's review:

Financial statements and supporting documentation from the previous year and for the current period as of the date of application, for comparison to demonstrate financial need and a decline in revenues and/or membership numbers. Note that financial information will be held in confidence.

Gym Sask EAP funding cannot be used to duplicate revenues already received from other sources (federal, provincial, municipal, MAP or other Gym Sask grants). Clubs must be able to provide unique receipts for costs not already covered by other sources. Follow-up reports for Gym Sask EAP will require clubs to report full disclosure as to funding from other sources.

I hereby certify this information is correct and factual.

Signature, Club President/Head Coach/Owner

Gymnastics Saskatchewan Use Only		
Amount Approved	Authorized By	Date



**GYMNASTICS
SASKATCHEWAN**