

## Dog Mushing Funding Application

### Profile Information – Contact Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Community: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you a resident of the NWT?

Yes

No

If yes, please indicate how many years: \_\_\_\_\_

\*To be eligible for this funding you **must** be a resident of the NWT.

### Organization Information

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Community: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is this organization based in the NWT?

Location of Organization: \_\_\_\_\_

Type of Organization:

- Non-Profit
- Aboriginal Organization
- Other

\*To be eligible it **must** be an NWT based organization.

## Event Information

Describe your event:

Does your Dog Mushing Event include youth?

- Yes
- No

If so, how will they be included?

\*To be eligible there **must** be a youth category in the event/races.

What is the age range of youth?

- 7 & Under       Youth 8-12yrs       Youth 13-17       Adult 18+       All ages



Will your event be a one-time event or an ongoing project?

Does your event support and encourage youth participation and development for long-term objectives? (i.e. NAIG, AWG, etc.) Please explain:

### Project Schedule

Date of Dog Mushing Race/Event: \_\_\_\_\_

Location of Race/Event: \_\_\_\_\_

\*The funding **must** go towards your event happening the same winter that the application is accepted and it **must** be used for a specific Dog Mushing Race/Event in the NWT.

Any additional information we should know about your event:

### Budget

This funding may be used to offset the cost to host Dog Mushing competitions or large event in the NWT. This funding CANNOT be used as cash prizes. Please list how the funding will be spent.

\$2500.00 is the max amount given by the Aboriginal Sports Circle NWT.

<b>Organization:</b>		
Category	Total estimated cost	Amount requested from ASCNWT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
	<b>Estimated Project Total:</b> \$	<b>Total Funding Amount Requested:</b> \$

Signature: \_\_\_\_\_

Date: \_\_\_\_\_