



Active NL Fund Application 2025 - 26  
Application Deadline: April 30, 2025

General Information		
Full legal name of organization:		
Street/P.O. Box (must match Newfoundland and Labrador Registry of Companies):		
Town/City:	NL	Postal Code:
Contact Name:	Title/Position:	
Telephone (daytime):		
E-mail:		
Head of Organization (if different from above):		
Name:	Title/Position:	
Telephone (daytime):		
E-mail:		
Applicant Information		
Are you a non-profit organization, municipality, Indigenous Government, Local Service District, or school? If no, you are <b>not</b> eligible to apply.	Yes	No
Are you incorporated and in good standing under the <a href="#">Newfoundland and Labrador Registry of Companies</a> , incorporated under the Municipalities Act, or a school?	Yes	No
Please provide your Newfoundland and Labrador Registry of Companies Company Number. If uncertain, please visit the following link: <a href="#">Newfoundland and Labrador Registry of Companies</a> .		
How many individuals and communities are serviced or supported by your organization?		
# of individuals (e.g. 35)	# of communities (e.g. 5)	

Funding Request #1		
Project/Initiative Description:		
Anticipated Start Date:		Anticipated End Date:
Describe how the project/initiative will help increase participation in sport physical activity, active recreation and/or supports healthy eating for individuals of all ages.		
This section requires completion if requesting funding for active living infrastructure and/or equipment.		
Please estimate as close as possible the number of people that will be directly impacted by this active living project (i.e.: 65 people)		
Is the applicant the legal owner of the location/facility? Yes No (If no, applicant must provide a License to Occupy from <a href="#">Crown Lands</a> or a letter of support from the land/facility owner)		
Please briefly outline a maintenance plan for active living infrastructure and/or equipment.		
This section requires completion if applying for funding for sport, physical activity, active recreation and/or healthy eating initiatives.		
Initiative location:		
Number of sessions planned:		
Number of hours per session offered:		
Number of participants per session:		
Will registration fees be charged to participate in the initiative? If yes, please remember to include estimated revenue amount in budget section below.		Yes No
Is the initiative inclusive to a wide range of people?		Yes No

Budget		
Please note, quotes must be provided for all infrastructure and equipment requests. (Vendor quotes or website screen shots are acceptable, webpage links will not be accepted)		
Expense List (unit price required)	Total Cost	Requested Amount
Subtotal:		
Project Revenue Source(s) (In-kind, fundraising, donations, registration fees, etc.)	Revenue Amount	
Revenue Subtotal:		
Total Amount Requested:		
For requested funding in excess of \$10,000, please provide a brief description for each of the following:		
Is available to large number individuals across all ages, abilities, and regions.		
Funding sources beyond the total amount request amount and/or leveraged funding is available.		
Offers economic and/or community benefits.		

Funding Request #2		
Project/Initiative Description:		
Anticipated Start Date:	Anticipated End Date:	
Describe how the project/initiative will help increase participation in sport, physical activity, and/or active recreation and/or supports healthy eating for individuals of all ages.		
This section requires completion if requesting funding for active healthy living infrastructure and/or equipment.		
Please estimate as close as possible the number of people that will be directly impacted by this active living project (i.e.: 65 people)		
Is the applicant the legal owner of the location/facility? Yes No (If no, applicant must provide a License to Occupy from <a href="#">Crown Lands</a> or a letter of support from the land/facility owner)		
Please briefly outline a maintenance plan for active living infrastructure and/or equipment.		
This section requires completion if applying for funding for sport, physical activity, active recreation and/or healthy eating initiatives.		
Initiative location:		
Number of sessions planned:		
Number of hours per session offered:		
Number of participants per session:		
Will registration fees be charged to participate in the initiative? If yes, please remember to include estimated revenue amount in budget section below.	Yes	No
Is the initiative inclusive to a wide range of people?	Yes	No

Budget		
Please note, quotes must be provided for all infrastructure and equipment requests. (Vendor quotes or web site screen shots are acceptable, webpage links will not be accepted)		
Expenses List (unit price required)	Total Cost	Amount Requested
Subtotal:		
Project Revenue Source(s) (In-kind, fundraising, donations, registration fees etc.)	Revenue Amount	
Revenue Subtotal:		
Total Amount Requested:		
For requested funding in excess of \$10,000, please provide a brief description for each of the following:		
Is available to large number individuals across all ages, abilities and regions.		
Funding sources beyond the total amount request amount and/or leveraged funding is available.		
Offers economic and/or community benefits.		

### Funding Request #3

Project/Initiative Description:	

Anticipated Start Date:
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Anticipated End Date:
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Describe how the project/initiative will help increase participation in sport, physical activity, and/or active recreation and/or supports healthy eating for individuals of all ages.

**This section requires completion if requesting funding for active healthy living infrastructure and/or equipment.**

Please estimate as close as possible the number of people that will be impacted by this active living project (i.e.: 65 people)

Is the applicant the legal owner of the location/facility?	Yes	No
(If no, applicant must provide a License to Occupy from <a href="#">Crown Lands</a> or a letter of support from the land/facility owner)		

Yes	No
<a href="#">Funds</a> or a letter of support from the	

No  
r of support from the

(If no, applicant must provide a License to Occupy from [Crown Lands](#) or a letter of support from the land/facility owner)

Please briefly outline a maintenance plan for active healthy living infrastructure and/or equipment.

**This section requires completion if applying for funding for sport, physical activity, active recreation and/or healthy eating initiatives.**

Initiative location:	
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Number of sessions planned:	
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Number of hours per session offered:	
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Number of participants per session:	
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Will registration fees be charged to participate in the initiative? If yes, please remember to include estimated revenue amount in budget section below.	Yes	No
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Yes                      No

No

If yes, please remember to include estimated revenue amount in budget section below.

Is the initiative inclusive to a wide range of people?	Yes	No
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Yes	No
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No

Budget		
Please note, quotes must be provided for all infrastructure and equipment requests. (Vendor quotes or web site screen shots are acceptable, webpage links will not be accepted)		
Itemized Expenses List (unit price required)	Total Cost	Requested Amount
Subtotal:		
Project Revenue Source(s) (In-kind, fundraising, donations, registration fees etc.)	Revenue Amount	
Revenue Subtotal:		
Total Amount Requested:		
For requested funding in excess of \$10,000, please provide a brief description for each of the following:		
Is available to large number individuals across all ages, abilities and regions.		
Funding sources beyond the total amount request amount and/or leveraged funding is available.		
Offers economic and/or community benefits.		

Conditions and Privacy Notice

The Department of Tourism, Culture, Arts and Recreation (TCAR) funding may be used only for the purposes specified in this application. Once (TCAR) has agreed to provide financial assistance, no substantial change in these activities shall be made without the written consent of TCAR and it shall be at the discretion of TCAR to determine what constitutes substantial change in each case. TCAR reserves the right to determine the extent and type of information required to support payment of the grant. Further, TCAR may require that an audit be undertaken to verify the purposes for which Government funds have been utilized. Any funding not used for these purposes must be returned to TCAR or becomes a debt due the Crown. The organization/group is wholly responsible for its own debts. TCAR will not consider any application to pay debts. If any part of this funding is used to pay salaries or honoraria, federal and provincial laws concerning salaries and source deductions must be applied (i.e. deductions for income tax, unemployment insurance, etc.). Organizations acquiring assets purchased with government funding through the Active NL Fund are required to transfer assets to the Town should they dissolve.

Whenever appropriate, public acknowledgement of funding by TCAR is expected. Publications should clearly acknowledge TCAR's assistance. A standard statement of acknowledgement is available on request. The organization/group agrees to respect and apply the spirit and provisions of existing human rights legislation. Under the **Access to Information and Protection of Privacy Act, 2015** members of the public may request and obtain access to information held in Provincial Government records. Should a request be received for information about this grant application, TCAR may consult with you prior to disclosing any information. It should be noted, however, that only personal information and certain third-party confidential financial information may be withheld. When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organization receiving the funding are considered public information.

Privacy Notice

The personal information in this form is being collected under the authority of section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**, for the purpose of program administration and assessing the merits of each funding application. Please note that the information you provide can be subject to an Access to Information request. If you have any questions about the collection, use and disclosure of your personal information, please contact the Access and Privacy Coordinator, Department of Tourism, Culture, Arts and Recreation at (709) 729-7000.

Application Checklist

- Please review the application to ensure that all required information has been provided. Incomplete applications are not accepted.
- All applicable sections of application are complete;
  - Vendor quotes attached (if required);
  - Maintenance plan for equipment/infrastructure provided (if required);
  - Authorization page reviewed, dated and signed;
  - CSA confirmation for playground equipment requests attached (if required); and,
  - Proof of land/facility ownership demonstrated and/or license to occupy provided (if required).



Authorization

I certify that, to the best of my knowledge, the information provided in this grant application is accurate and complete and is endorsed by the organization/group/municipality that I represent, and that I am authorized to enter into funding agreements on behalf of my organization/group. I certify that my organization/group/municipality meets the basic eligibility criteria of the Active NL Fund referenced in this application. 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.

If funded:

- I agree to use the funding only for the purposes outlined in the original application;
- I agree to submit a detailed final report, within 30 days following completion;
- I agree to acknowledge the Department of Tourism, Culture, Arts and Recreation funding contribution where appropriate;
- I agree to return to TCAR any funds not used for the purposes outlined in the application;
- I agree that goods purchased with Government funds may not be sold or passed on to a third party. Furthermore, should the organization dissolve, all property purchased under the Active NL Fund will be transferred to the municipality of the applicant.

Name of Signing authority (print): \_\_\_\_\_

Title/position: \_\_\_\_\_ E-mail: \_\_\_\_\_

If the application is emailed, typing the name below satisfies the signature requirement.

\_\_\_\_\_  
Signature of signing authority

\_\_\_\_\_  
Date

Please submit application to:  
E-mail: [activenl@gov.nl.ca](mailto:activenl@gov.nl.ca)

Confirmation of receipt will be provided to all applications received by email.

Alternate formats may be available upon request.  
Please contact [TCAR@gov.nl.ca](mailto:TCAR@gov.nl.ca)