

Sport, Culture, Heritage and Tourism

SPORT EVENT HOSTING GRANT PROGRAM – 2026-2027 Application Form

(Note: The information collected using this form is required for the administration of the Sport Event Hosting Program. Information will not be disclosed to any third parties except as allowed by *The Freedom of Information and Protection of Privacy Act*.)

SECTION A

ORGANIZATIONAL INFORMATION

Registered Name: (please note payments will be issued in this name)

Sanctioning Provincial or National Sport Organization (**REQUIRED** if applicant is a PSO or affiliated with a PSO/NSO.) *Organizations not affiliated with a PSO/NSO should list the name of their insurance provider.*

Mailing Address:

City/Town: _____ Province: _____ Postal Code: _ _ _ _ _

Phone #: _____

Email: _____

Applicant Type:

- Provincial Sport Organization Amateur Club or Team
 National Sport Organization Professional Club or Team
 Host/Organizing Committee Other (please specify): _____

In what region(s) will your event take place?

- NORMAN INTERLAKE EASTMAN WESTMAN
 CENTRAL PARKLAND WINNIPEG BRANDON

Has your organization applied for any other grant funding to support this event? If yes, please list sources (ex. Sport Manitoba, Manitoba Liquor and Lotteries, Tourism Winnipeg etc.)

ORGANIZATIONAL STAFF/VOLUNTEERS

Application Contacts:

	Primary Contact	Secondary Contact
Name		
Title/Position		
Phone Number		
E-mail		

SECTION B

EVENT DETAILS:

Event Name	
Location (address)	
Start Date (yyyy-mm-dd)	
End Date (yyyy-mm-dd)	
Estimated Number of Athletes	
Estimated Number of Coaches/Officials/Staff	
Estimated Number of Spectators	
Estimated Number of Volunteers	

What is the **current status** of your event?

- | | |
|---|---|
| <input type="checkbox"/> The event is confirmed and will take place on the dates indicated. | <input type="checkbox"/> A bid to host this event has been submitted. |
| <input type="checkbox"/> The event is confirmed, but the dates may change. | <input type="checkbox"/> The applicant intends to submit a bid to host this event.
Bid deadline: _____ |
| <input type="checkbox"/> Other (please specify)
_____ | |

TOTAL AMOUNT REQUESTED FOR EVENT (\$15,000 max as per sliding scale):
\$ _____

SECTION C

EVENT DESCRIPTION:

Describe your event. What will take place? (E.g. Events, categories etc.)

What event-hosting experience does your organization have that will ensure a successful event?

What are your organization's goals and/or desired outcomes for this event? How will you measure whether these goals and/or outcomes have been achieved?

What are the benefits of hosting this event for your organization, sport and/or the host community?

OPTIONAL: Will your event include any specific initiatives that align with Government Priorities, such as Diversity, Equity, Inclusion, Accessibility, Anti-Racism and/or Indigenous Reconciliation? If so, please describe the initiatives.

SECTION D

FINANCIAL OVERVIEW

Please provide an itemized Event Budget that includes eligible and ineligible expenses as well as both anticipated and confirmed revenues. You may use the budget template provided or provide your own document which clearly outlines eligible and ineligible expenses.

SECTION E

DECLARATION

We, the undersigned:

- have read and understood the program guidelines and understand that failure to comply with these guidelines may result in forfeiture of the grant and may jeopardize consideration of future grant requests;
- understand that if this application is successful, and that we receive a first installment of the approved amount, and that by accepting this payment, we agree to:
 - spend the funds as proposed and approved (the Manitoba Government requires repayment of funds not used for the proposed and approved purposes);
 - notify the with Community Grants Branch as soon as possible to seek appropriate approval in the event of changes to the size, scope or dates of the event;
 - acknowledge the assistance of Manitoba Sport, Culture, Heritage and Tourism in all promotional materials for which support was provided; and
 - complete a final report using the form provided by the department and submit it within the deadline required.
- We certify the statements and information contained in this application are accurate and complete.

Printed Name and Title

Signing Officer 1

Date

Printed Name and Title

Signing Officer 2

Date

END OF APPLICATION FORM

**Please submit completed application form and required documents
to: cgb-dsc@gov.mb.ca**

Please keep a copy of this application for your records.