



## FIRST SERVE PROGRAM (PHASE 2)

### *A Wheelchair Tennis Development Funding Program Supported by the Jumpstart Sport Relief Fund*

#### **Program Purpose:**

To assist organizations and individuals who are delivering wheelchair tennis programs which have been negatively impacted by the COVID-19 pandemic. To provide relief funding to ensure the continuation or restarting of wheelchair tennis programming at the community and provincial levels across Canada.

#### **Eligible Applicants:**

Organizations or individuals currently delivering wheelchair tennis programs including:

- Provincial Tennis Associations
- Provincial Wheelchair Sport Associations
- Clubs
- Coaches
- Community Champions

#### **Eligible Expenses:**

Programming	COVID-19
Coaching Fees	Hand Sanitizer
Court Fees	Cleaning Wipes
Tennis Balls	Sanitization Equipment
Coach Education	Thermometers
Integrated Support Team (IST) Services (nutrition, strength & conditioning, sport psychology)	Additional staff
New Participant Recruitment Sessions	

#### **Grant Size:**

Grants may be applied for up to a maximum of \$2,000. If there is a shortage of applicants, then larger grants may be allocated.

#### **Minimum Wheelchair Tennis Program Requirements:**

- ✓ Programs commencing in December 2020 or January 2021
- ✓ 1 training session per week for minimum of 8 weeks
- ✓ Minimum 3 participants
- ✓ Certified tennis coach
- ✓ COVID-19 health and safety protocols in place

#### **Application Process:**

The intention is to create a simple process to access COVID-19 relief funding to ensure that wheelchair tennis programming can continue across Canada. Simply complete the application form below and forward to Janet Petras at Tennis Canada at [jpetras@tenniscanada.com](mailto:jpetras@tenniscanada.com) by **November 15 2021**. Application decisions will be made and communicated by December 5<sup>th</sup>.



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### APPLICATION FORM

#### GENERAL INFORMATION SECTION

Applicant Name:	
Applicant Email Address:	
Applicant Telephone #:	
Program Coach/Leader Name:	
Coach certification level:	
Coach NCCP #:	
Club/Facility Name:	
Club/Facility Manager Name:	
Club Manager Email Address:	
# of Current or Expected Participants:	
Frequency & Duration of Program:	
Total Funding Amount Requested:	
Cheque Made Payable to:	

#### PROGRAM DESCRIPTION

Briefly describe the purpose and expected outcomes of the program:	
Describe the plan to recruit new participants to the program on an ongoing basis:	



## PROGRAM BUDGET

<b>REVENUE</b>	
User Fees:	
Sponsors:	
Other:	
<b>TOTAL REVENUE</b>	
<b>EXPENSE</b>	
<b>Programming:</b>	
Coaching Fees:	
Court Fees:	
Tennis Balls:	
<b>Coaching Education:</b>	
Coaching Certification Course Fees:	
Conference/Workshop Fees:	
Travel:	
Accommodation:	
<b>IST:</b>	
IST Practitioner Fees:	
Facility Rental:	
Equipment:	
<b>COVID-19 Support:</b>	
Hand Sanitizer:	
Cleaning Wipes:	
Sanitation Supplies:	
Thermometers:	
Additional Staff:	
<b>TOTAL EXPENSE</b>	
<b>TOTAL FUNDING REQUEST</b>	