CLARE ACTIVE KIDS, HEALTHY KIDS FUND

Organization: Contact person: Mailing address: Postal code: Telephone: Fax: Please answer the following questions in paragraph or point form: 1. Please describe your project: 2. What is the expected outcome or goal of the project? 3. Who will participate? (# of people and age) 4. What type of activities and where will these activities occur? 5. How will you measure the project's success? 6. When would your project start and end? Start End	
Mailing address: Postal code: Fax:	
Postal code: Telephone: Telephone: Fax: Please answer the following questions in paragraph or point form: 1. Please describe your project: 2. What is the expected outcome or goal of the project? 3. Who will participate? (# of people and age) 4. What type of activities and where will these activities occur? 5. How will you measure the project's success? 6. When would your project start and end? Start End	
Telephone: Fax:	
Please answer the following questions in paragraph or point form: 1. Please describe your project: 2. What is the expected outcome or goal of the project? 3. Who will participate? (# of people and age) 4. What type of activities and where will these activities occur? 5. How will you measure the project's success? 6. When would your project start and end? Start End	
1. Please describe your project: 2. What is the expected outcome or goal of the project? 3. Who will participate? (# of people and age) 4. What type of activities and where will these activities occur? 5. How will you measure the project's success? 6. When would your project start and end? Start End	
3. Who will participate? (# of people and age)	
3. Who will participate? (# of people and age)	
5. How will you measure the project's success?	
6. When would your project start and end? Start End	
I ROJECTED DUDGET	
ITEM DESCRIPTION COS	ST
	7
Total cost of program: Less estimated revenues from other sources:	
Total amount requested:	
I certify that the information supplied in this application is, to the best of my knowledge, exact and complete, and that the project has received approval of the organization I represent. I agree to report back to the members of the Clare Department of Community Development / Clare Community Health Board with a written report of the results regarding the activity of which they gran	nted
me financial assistance.	
(Date) MAIL TO: Recreation Manager Municipality of Clare	
(Signature) P.O. Box 458, Little Brook (N.S.) B0W Telephone: (902) 769-3655 Fax: (902) 769-3713	

Email: recreation@municipality.clare.ns.ca



CLARE ACTIVE KIDS, HEALTHY KIDS FUND







WHAT IS THE CLARE ACTIVE KIDS, HEALTHY KIDS FUND?

- The Valley Active Communities
 Committee in conjunction with the
 Clare Department of Community
 Development and the Clare
 Community Health Board has made
 funds available to the community to
 support local groups and organizations
 to improve health and physical activity
 levels of children and youth.
- The goal of the fund is to encourage and support the community in the development of innovative, non-traditional, creative physical activity initiatives, which enable youth and their families to lead physically active lifestyles.

NO PROJECT IS TOO SMALL!
BE CREATIVE!
NEED HELP WITH YOUR IDEA?
CONTACT THE DEPARTMENT OF COMMUNITY
DEVELOPMENT AT
902-769-3655.

The fund is a partnership of:

- Valley Active Communities Committee
- Clare Department of Community Development
- Clare Community Health Board

CRITERIA

The priority will be on helping inactive children and youth to become more active.

Successful projects should:

- Be directed to youth and involve the important principles of physical activity (i.e. 60 minutes of activity per day, help to increase heart health, flexibility, muscular strength, endurance and coordination, etc.)
- Increase the ability of the group or the community to provide ongoing physical activity opportunities and leadership.
- Be able to record / report the process of the project.
- Show your organization or group needs funding support.
- Involve youth in the planning and leadership of the program.
- Provide either structured or unstructured opportunity for youth to participate in physical activity.
- Include fair play and safe play principles.
- Focus on daily activities at home, at school and/or in your community and build on what is currently offered by community groups and organizations.

Recreation Matters

PROJECT EXAMPLES

- Skipping Club.
- Before or after school activities.
- New recreation youth sports: indoor/outdoor volleyball, shinny hockey, flag football, boxing, ultimate Frishee.

- Outdoor clubs: snowshoeing, cycling, skiing, hiking, canoeing or sports camps.
- Girls in Motion & Youth Fitness Programs.
- Arts and/or cultural camps with a physical activity component.

APPLICATION PROCEEDURES

- 1. Application may be received at any time throughout the fiscal year.
- 2. All applicants shall be informed in writing of the decision regarding their application.
- 3. The municipality and the Clare Community Health Board reserve the right to publish the names of successful applications.
- 4. Successful applicants must fill out an evaluation form once the project has been completed.

HOW TO APPLY?

Send your completed application to:

Active Kinds, Healthy Kids Fund

Clare Department of Community Development P.O. Box 458, Little Brook, N.S. B0W 1Z0 Telephone: (902) 769-3655

Fax: (902) 769-3713

recreation @municipality.clare.ns.ca

Active Kids Healthy Kids