



# **Alberta Federation of Shooting Sports**

Leadership Grant

2026



**LEADERSHIP GRANT**

**DEADLINE: DECEMBER 1, 2026**

# Leadership “Coaches and Officials Development” Grant Program

**APPLICATION DEADLINE: DECEMBER 1, 2026**

**Funding Assigned: \$1,900.00 per year in total  
Divided amongst Associations that apply**

## Criteria

1. Must be an Association member in good standing with the Alberta Federation of Shooting Sports.
2. All *coaches/trainers or officials* must be a resident of Alberta for a minimum of one year prior to being selected.
3. Must be recognized as a *coach/trainer or official* approved by the President of one of the following Associations:
  - Alberta Black Powder Association
  - Alberta Fullbore Rifle Association
  - Alberta Handgun Association
  - Alberta International Skeet Shooting Association
  - Alberta International Style Trapshooting Association
  - Alberta Metallic Silhouette Association
  - Alberta Sporting Clays Association
  - Alberta Smallbore Rifle Association
  - Alberta Skeet Shooting Association
  - International Practical Shooting Confederation – Alberta
4. To be eligible, coaches/trainers or event organizers are required to meet the standard criteria established by their member Association and only apply under one Association. **NO DUPLICATIONS.**
5. Grant does not include coaches of National Teams, in exception for hosting clinics within Alberta for Albertans for the purpose of identifying athletes for Provincial Teams.
6. All training clinics and special events/matches must be held within the Province of Alberta.

The following process has been formulated so the Alberta Federation of Shooting Sports can deal with applications in a fair, equitable, and efficient manner:

- The grant funds will be made available to the qualifying Association when such funds are received by the Federation.
- Member Associations must establish match/training/scouting and testing criteria for monitoring/evaluating their selections.
- Member Associations must publish to their members in a newsletter or some other form the criteria to receive the funds.
- The responsibility of the qualifying Association is to determine which of their members should receive the funds.
- All AFSS criteria as well as individual Association criteria must be adhered to prior to any grant funding being issued.
- Member Associations are responsible for accounting for all funds dispensed. Original receipts

accompanied by Part C and Part B forms must be submitted to the Association where they are a member by September 30<sup>th</sup> of the grant year. Original receipts to be held by Association; copies of these receipts must be submitted to the AFSS with the grant application.

- If the member Association does not fully account for the funds disbursed for this grant year, the Athlete Development Grant for the following year will be reduced by the unaccounted-for funds.
- Appeals of the grant penalty must be received within 30 days of being notified that a penalty will be applied for the next grant year. AFSS Executive will evaluate all documents.

## Definitions

**Training Clinics** refer to conducting training camps for the ongoing development of high-performance athletes. Learn to Shoot Clinics refer to sport opportunities that provide qualified instructors to introduce a novice clinic to the community or provide existing athletes with new skills.

**Identification Clinics** refer to camps, open houses, scouting and testing whereby athletes can engage in the progressive screening of athletes who express an interest in joining the Association's events/competitions.

**Coaches Clinics** refer to training opportunities provided to the Provincial and Zone Coaches specializing in a coaching program recognized by a National Governing Body in the discipline. All claims exclude training for National Team Coaches when coaching athletes outside of Alberta.

**Coaches** refer to certified instructors assisting with training, learning to shoot, identification clinics. Officials refer to officiating at zone or provincial matches within Alberta only.

## Procedure

- Associations can either apply this funding for a group or individuals.
- Member Association must establish program objectives and methods of monitoring/evaluating their selections.
- Performance criteria must be approved by the Associations' executive and advertised to their membership prior to September 30<sup>th</sup>, of the next granting year.

## Obligations Regarding Receiving a Grant:

The Alberta Federation of Shooting Sports will not duplicate other sources of funding. Have you applied for funding from another organization?

For example:

- Shooting Federation of Canada (SFC)
- Dominion of Canada Rifle Association (DCRA)
- Sport, Physical Activity and Recreation (SPAR) Alberta Culture, Multiculturalism and Status of Women (Development Initiatives Program)
- Service Groups
- Other

If yes, please indicate this in Part B of the application.

Successful coaches/trainers or officials agree to provide their Associations and the AFSS with the following documentation:

- Ground travel - a log of all mileage traveled to and from all training clinics/provincial/national matches attended during the grant year.
- Part B - Post Program Analysis, including goals and objectives for the granting year, a description of program results.
- Part D Expense report of all income and expenses connected to your project must be signed by the Provincial Association President. Original receipts must be submitted prior to approval.

## Disbursement Process

- Associations can either grant this funding to a group or select individuals.
- Selected individuals complete a **Part C – Individual Expense Claim Form** with original receipts and return it to their Association Executive. *The suggested deadline for this action is **November 15th**, of each fiscal year for processing. Original receipts are to be held by each Association and mailed to the AFSS office if called upon to do so. Deadline to AFSS Office December 1<sup>st</sup> of grant year.*
- Associations must also complete a **Part B – Post Program Analysis** evaluation report for their project and individuals involved must provide a **Part C – Individual Expense Claim Form** with original receipts.
- All **Part C – Individual Expense Claim Forms** are screened by the Association Executive Committee and approved by the President.
- Associations must submit a **Part D - Association Accounting List** of their approved recipients with a budget outlining amounts for each claim.
- All Part D + Part B must be submitted to the AFSS office by December 1<sup>st</sup>, of the current grant year.
- All submissions are reviewed for completeness and recommendations are made by the AFSS staff to the AFSS Executive Committee for final approval.

## Allowable Expenses

Please reference AGLC Casino Funding Approved Expenditures: **#9-10, 14**

## How to Apply

1. Fill out Part D
2. Have the coach/athlete/official fill out their own Part C with original receipts.
3. Fill out Part B with detailed explanations on how monies were spent.
4. Submit Part D + Part B to AFSS office by December 1, 2026

All *coaches/athletes/officials* will fill out **Part C – Individual Expense Claim Forms** that are given to them by their specific Association and then will send their forms to the respective President who will evaluate the information. The President will sign off if acceptable and then assign the level of funding.

- **Part C is summarized into Part D**
- **Part C forms and receipts STAY WITH THE ASSOCIATION** (These items may be requested upon evaluation of Grant applications)

The President will then complete **Part D - Association Accounting List** which summarizes information from all the *coaches/athletes/officials* for that specific grant.

The President also summarizes the *coaches/athletes/official's* **Part B – Post Program Analysis** (detailed explanations on how monies were spent) to one document per grant and submits that document to AFSS.

**PLEASE SUBMIT ONLY PART B and PART D to the AFSS Office.**

All coaching grants are meant for support of the NCCP Coaching Program.



## Alberta Federation of Shooting Sports

### LEADERSHIP GRANT

**\$1,900.00** Divided amongst the Associations that apply

### Part B - Post Program Analysis

**Deadline:** December 1, 2026

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|                   |  |                |  |
|-------------------|--|----------------|--|
| Association Name: |  | Date of Claim: |  |
|-------------------|--|----------------|--|

#### Summary

Please print clearly. Be as detailed as possible. Attach extra pages as needed.

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

|                   |  |
|-------------------|--|
| <b>Name:</b>      |  |
| <b>Signature:</b> |  |
| <b>Date:</b>      |  |



# Alberta Federation of Shooting Sports

## Part C – Individual Expense Claim Sheet (1 of 2)

*To be kept on file by the Member Association (AFSS may request this form)  
Each athlete must fill out their own Part C and submit their ORIGINAL RECEIPTS*

**Deadline:** December 1, 2026

|   |  |   |  |
|---|--|---|--|
| Association Name:                           |  | Date of Claim:  |  |
| Grant Program Category<br>(Check One Only): | <input type="checkbox"/> Administration<br><input type="checkbox"/> Athlete Development<br><input type="checkbox"/> High Performance<br><input type="checkbox"/> Hosting | <input type="checkbox"/> Junior Air<br><input type="checkbox"/> Leadership<br><input type="checkbox"/> Range Development<br><input type="checkbox"/> Technology |  |
| <b>Recipient Information:</b>               |  |   |  |
| Full Name:                                  |  | Daytime Phone #:  |  |
| Address:                                    |  |   |  |
| City, Province:                             |  | Postal Code:  |  |
| Email Address:                              |  |   |  |
| Alberta Health Care #<br>(Required):        |  |   |  |

### Release Information

**By signing this claim, I understand that the following information is mandatory for each expense claim.**

The information submitted is kept under the supervision of the Association and is required by the AFSS for auditing purposes.

1. Original Receipts (no photocopies, debit/credit card vouchers or cancelled cheques).
2. Airfare – Travel itinerary and original boarding passes for each competition.
3. Ground Travel – Mileage log, all ground travel is calculated from city to city.
4. Copy of the event/competition attended from January 1 – December 1 of the grant year.
5. Must be an Alberta Resident – Alberta Health Care # must be provided for Proof of Residency.

**Recipient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Association Information

|                      |                 |
|----------------------|-----------------|
| Name of Association: |                 |
| President's Name:    | Daytime Phone#: |
| Address:             |                 |
| City:                | Postal Code:    |
| Email Address:       |                 |

**Amount approved by Association: \$** \_\_\_\_\_

**President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Alberta Federation of Shooting Sports

## Part C – Summary Sheet (2 of 2)

Name of Recipient: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

**Please attach extra pages as needed.**

|   |                   |  |             |  |                    |  |  |  |
|---|-------------------|--|-------------|--|--------------------|--|--|--|
| 1 | Name of Event:    |  |             |  |                    |  |  |  |
|   | City, Prov/State: |  |             |  |                    |  |  |  |
|   | Point of Entry:   |  |             |  | # Comp Days:       |  |  |  |
|   | Mileage \$:       |  | Airfare \$: |  | Hotel \$:          |  |  |  |
|   | Meals \$:         |  |             |  | Other Expenses \$: |  |  |  |
|   | <b>Total:</b>     |  |             |  |                    |  |  |  |

Comments:

|   |                   |  |             |  |                    |  |  |  |
|---|-------------------|--|-------------|--|--------------------|--|--|--|
| 2 | Name of Event:    |  |             |  |                    |  |  |  |
|   | City, Prov/State: |  |             |  |                    |  |  |  |
|   | Point of Entry:   |  |             |  | # Comp Days:       |  |  |  |
|   | Mileage \$:       |  | Airfare \$: |  | Hotel \$:          |  |  |  |
|   | Meals \$:         |  |             |  | Other Expenses \$: |  |  |  |
|   | <b>Total:</b>     |  |             |  |                    |  |  |  |

Comments:

|   |                   |  |             |  |                    |  |  |  |
|---|-------------------|--|-------------|--|--------------------|--|--|--|
| 3 | Name of Event:    |  |             |  |                    |  |  |  |
|   | City, Prov/State: |  |             |  |                    |  |  |  |
|   | Point of Entry:   |  |             |  | # Comp Days:       |  |  |  |
|   | Mileage \$:       |  | Airfare \$: |  | Hotel \$:          |  |  |  |
|   | Meals \$:         |  |             |  | Other Expenses \$: |  |  |  |
|   | <b>Total:</b>     |  |             |  |                    |  |  |  |

Comments:





# Alberta Federation of Shooting Sports

## LEADERSHIP GRANT

**\$1,900.00** Divided amongst the Associations that apply

### Part D – Association Grant Worksheet

All Claims must accompany explanation filled out in **Part B (Post Program Analysis)**

**Deadline:** December 1, 2026

Page \_\_\_\_ of \_\_\_\_

|  |  |  |                 |
|--|--|--|-----------------|
| Association Name:  |  | Date of Claim:   |                 |
| Grant Program Category:  |  | <input type="checkbox"/> Administration<br><input type="checkbox"/> Athlete Development<br><input type="checkbox"/> High Performance<br><input type="checkbox"/> Hosting<br><input type="checkbox"/> Junior Air<br><input checked="" type="checkbox"/> Leadership<br><input type="checkbox"/> Range Development<br><input type="checkbox"/> Technology |                 |
| Recipient Name:  |  | Address:   |                 |
|  |  | Amount of Claim  | Amount Approved |
| 1  |  |  |                 |
| 2  |  |  |                 |
| 3  |  |  |                 |
| 4  |  |  |                 |
| 5  |  |  |                 |
| 6  |  |  |                 |
| 7  |  |  |                 |
| 8  |  |  |                 |
| 9  |  |  |                 |
| 10   |  |  |                 |
| 11   |  |  |                 |
| 12   |  |  |                 |
| <b>Totals:</b>   |  |  |                 |
| <input type="checkbox"/> President<br><input type="checkbox"/> Treasurer |  | Name: _____ Address: _____<br>Phone: _____ Email: _____<br>Signature: _____ Date: _____  |                 |