

2024-2025 Funding Application Form

Mackenzie Recreation Association | ed@mranwt.ca | 867-686-5377

Organization or Group Applying		Community *				
					•	
Applicant Name *						
First		Last				
Phone *		Email *				
Application Type *						
Community Individual or	Family	er community				
Funding Request Type *						
Recreation Initiative Profe	essional Development 🔲 N	IRA Signature E	Event			
Aquatic or Water Safety Event	Special Evacuation Sup	port				
organization. Please indicate what Endorser	t organization or person that v	vill be below.	Endorsement L	etter or Email		
		Upload or drag files here.				
	EVENT INFO	ORMATIO	<u>N</u>			
Event/Program Name *	Event/Program Locatio	n * Sta	rt Date	Finish Date *		
		~				
Event Description (sport/activity,competitive/recreation, etc.) *				Supporting Document		
				Upload or o	Irag files e.	



Number of Participants *	Number of Volunteers (coach, parer	t) * Number of Chapero	Number of Chaperones *				
Purpose or benefit of the event? *							
Which MRA goal(s) does this	event address (check all that apply): *						
build capacity and lead	dership						
promote physical litera	cy in MRA communities						
increase participation in physical activity							
allow for greater opportunities to network, for professional development, and to expand sport/recreation opportunities							
promote water safety v	within the MRA region						
	FINANCIA	L BUDGET					
Revenue		Expenses					
Revenue Source	Amount *	Expense Type	Amount *				
\otimes		\otimes					
\otimes		\otimes					
\otimes		\otimes					
\otimes		\otimes					
\otimes		8					
	Total: \$0.00		Total: \$0.00				
+ Add Revenue Source		+ Add Expense Source					

Email completed application form to $\underline{ed@mranwt.ca}$ at least 2 weeks before the program/event start date. For questions or support, call 867-686-5377.