

APPENDIX A

**UNIVERSITY SPORT FUNDING
AGREEMENT FORM**



SECTION A - TO BE COMPLETED BY THE UNIVERSITY (one agreement per sport)

University Name: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Sport: _____

University Athletic Assistance:

University Athletic Assistance Grant: \$ _____

Roster Size: _____ Gender: # Female _____ # Male _____

Requirements (please attach the following):

- Team schedule(s) for competitions;
- A detailed budget for each sport.

PSGB Student-Athlete Awards:

PSGB Student-Athlete Award Grant: \$ _____

Anticipated Roster Size: _____ Gender: # Female _____ # Male _____

Our organization is in acceptance of the approved grant amounts and the terms and conditions of the University Sport Funding Program.

University Dean Signature

Date

SECTION B - TO BE COMPLETED BY THE PROVINCIAL SPORT GOVERNING BODY

PSGB Name: _____

Contact Person: _____ Position: _____

Phone: _____ Email: _____

Grant Period: _____

Our organization supports the approved grant amounts and the terms and conditions of the University Sport Funding Program.

PSGB Signing Authority

Date