



**Nossack Distribution Centre
& Head Office**
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www.nossack.com

Thank you for your interest in the Nossack Athletic Ambassador Grant (NAAG).

Before completing this application, please read the NAAG, as well as the info on our website:
www.nossack.com/naag/

Prior to submitting your application, please ensure you have read and understand the 'Guidelines & Criteria', 'Grant Application & Term', as well as the 'Disclaimers' and 'Social Media Policy' sections of the NAAG.

Unless otherwise indicated on the Application Form, all parts of the application must be completed.

This application contains the following Sections:

SECTION A *(Applying as an Organization)*

- Part 1 - Organization Info
- Part 2 - Contact Info
- Part 3 - Coach Info

SECTION B *(Applying as an Individual Athlete)*

- Part 1 - Athlete Info
- Part 2 - Contact Info
- Part 3 - Coach Info

SECTION C

- Part 1 - Eligibility Requirements
- Part 2 - Requirements of Grant Recipients
- Part 3 - Questions / Additional Comments

SECTION D

- Part 1 - Privacy Policy
- Part 2 - Declaration
- Part 3 - Witness / Guardian Declaration

Nossack Athletic Ambassador Grant (NAAG)

Application Form

SECTION A - PART 1

ORGANIZATION INFO - Organization/Team Applicants

If you are applying as an Individual Athlete, please fill out SECTION B

Legal Team Name		Operating (Common) Team Name <i>(If different from legal name)</i>	
Organization Category <i>(School, Private, International)</i>		Organization Registration Number (Specify) <i>(If applicable)</i>	
Team's Local Area <i>(Area you are representing)</i>		Team's Sport & Age Group	
Organization Address			
City or Town	Province or Territory	Country <i>(If not Canada)</i>	Postal Code
Phone Number <i>(Primary)</i>	Email Address		Year Team Established
Mailing Address <input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Different <i>(include below)</i>			
City or Town	Province or Territory	Country <i>(If not Canada)</i>	Postal Code
Phone Number <i>(Primary)</i>	Email Address		
Organization's Mandate (Mission, Vision, Goals, Cheer, etc)			

Nossack Athletic Ambassador Grant (NAAG)

Application Form

SECTION A - PART 2

ORGANIZATION CONTACT *Primary contact person for this application & funding*

First Name		Last Name	
Position / Title		Relationship to Team	
Contact Address <input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different (include below)			
City or Town	Province or Territory	Country <i>(If not Canada)</i>	Postal Code
Phone Number <i>(Primary)</i>	Phone Number <i>(Secondary)</i>	Email Address	
Cheque Payable to			

SECTION A - PART 3

ORGANIZATION COACH *If applicable*

First Name		Last Name	
Coach's Address <input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different (include below)			
City or Town	Province or Territory	Country <i>(If not Canada)</i>	Postal Code
Phone Number <i>(Primary)</i>	Phone Number <i>(Secondary)</i>	Email Address	

Nossack Athletic Ambassador Grant (NAAG)

Application Form

SECTION B - PART 1

ATHLETE INFO - Individual Applicants

If you are applying as an Organization/Team please fill out SECTION A

First Name		Last Name	
Birthdate (MM/DD/YYYY)		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/> _____	
Sport		Local Area (representing area)	
Home Address			
City or Town	Province or Territory	Country <i>(If not Canada)</i>	Postal Code
Phone Number <i>(Primary)</i>	Phone Number <i>(Secondary)</i>	Email Address	
Mailing Address <i>(If different from Home Address)</i>			
City or Town	Province or Territory	Country <i>(If not Canada)</i>	Postal Code
Phone Number <i>(Primary)</i>	Phone Number <i>(Secondary)</i>	Email Address	
Athlete's Mandate (Mission, Vision, Goals, etc)			

Nossack Athletic Ambassador Grant (NAAG)

Application Form

SECTION B - PART 2

CONTACT *Primary contact person for this application & funding*

First Name		Last Name	
Relationship to Athlete			
Contact Address <input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different (include below)			
City or Town	Province or Territory	Country <i>(If not Canada)</i>	Postal Code
Phone Number <i>(Primary)</i>	Phone Number <i>(Secondary)</i>	Email Address	
Cheque Payable to:			

SECTION B - PART 3

COACH *If applicable*

First Name		Last Name	
Coach's Address <input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different (include below)			
City or Town	Province or Territory	Country <i>(If not Canada)</i>	Postal Code
Phone Number <i>(Primary)</i>	Phone Number <i>(Secondary)</i>	Email Address	

Nossack Athletic Ambassador Grant (NAAG)

Application Form

SECTION C - PART 1

ELIGIBILITY REQUIREMENTS *Check the boxes that are applicable to you*

<input type="checkbox"/>	I am / we are Canadian Citizens or Permanent Residents of Canada
<input type="checkbox"/>	I/we reside in Central Alberta and are involved in the community in a positive way <i>(Please explain in Section C, Part 3)</i>
<input type="checkbox"/>	I/we participate in a way that represents Central Alberta, Alberta or Canada
<input type="checkbox"/>	I am /we are interested in potential ongoing sponsorship with Nossack Food Group
<input type="checkbox"/>	I am /we are considered Youth (ages 12 - 25)
<input type="checkbox"/>	I /we have the ability to track and report (Monthly & Final Summary) on the intended usage of Grant Funds
<input type="checkbox"/>	I am /we are not under sanction as per the Canadian Anti-Doping Policy
<input type="checkbox"/>	I am /we are not currently representing or receiving sponsorship from food production/sales or fundraising companies

SECTION C - PART 2

REQUIREMENTS OF GRANT RECIPIENTS

By checking these boxes, you understand each requirement and have a plan to uphold it, understanding that funding may be denied if these requirements are not met

<input type="checkbox"/>	I / we will Lead by Example with a positive and professional attitude, and engage in ethical behavior both while playing sports and while in the community
<input type="checkbox"/>	I / we will become an enthusiastic Nossack Food Group Brand Ambassador
<input type="checkbox"/>	I / we will host a minimum of two (2) fundraisers through the Golden Fundraising Program, between September - May of the Grant Term
<input type="checkbox"/>	I / we will promote the Golden Fundraising Program to community organizations and schools in Central Alberta
<input type="checkbox"/>	I / we will promote the Nossack Athletic Ambassador Grant to community organizations and schools in Central Alberta
<input type="checkbox"/>	I / we will allow Nossack Food Group and Golden Fundraising to co-advertise with the athlete on social media, equipment decals, corporate clothing and branded snacks
<input type="checkbox"/>	I / we will ensure Nossack Food Group and Golden branding and hashtags are to be used properly when being co-advertised, and on social media posts
<input type="checkbox"/>	I / we will appear at agreed upon (TBD) Sponsorship Events, Tradeshow, etc.
<input type="checkbox"/>	I / we will provide Nossack Food Group with photographs of the applicant(s) taking part in their sport/events/tradeshows etc., along with the rights for Nossack Food Group to share these images, as per the Social Media Policy in this document

Nossack Athletic Ambassador Grant (NAAG)

Application Form

SECTION C - PART 3

QUESTIONS *If there is not enough room to fully write your answer, you can submit an additional sheet with your application*

How are you involved in the community in a positive way?

Are you currently receiving other Grant Funding or Sponsorship monies? Yes No If yes, please describe

Nossack Athletic Ambassador Grant (NAAG)

Application Form

SECTION C - PART 3 - CONTINUED

List any Awards or Recognition you have received, related to sport or community service

If there is additional information you would like to share with us, please use this space

SECTION D - PART 1 PRIVACY POLICY

I hereby consent to the collection and use of my personal information by Nossack Food Group. I understand individuals or organizations receiving funding can have their names and/or organization names published for reporting and/or for use in the media.

PRINT NAME

DATE (MM/DD/YYYY)

SIGN NAME

Nossack Athletic Ambassador Grant (NAAG)

Application Form

SECTION D - PART 2
APPLICANT DECLARATION*

<p>I hereby declare that the information provided in this application and any supporting documentation is true, accurate and complete to the best of my knowledge.</p> <p>I have read and understood the NAAG details, and agree to the terms listed in each of these sections: <i>(please check)</i></p>		
<input type="checkbox"/> Requirements of Grant Recipients		
<input type="checkbox"/> Eligibility Requirements		
<input type="checkbox"/> Grant Application & Term		
<input type="checkbox"/> Funding		
<input type="checkbox"/> Disclaimers		
<input type="checkbox"/> Social Media Policy		
PRINT NAME	DATE (MM/DD/YYYY)	SIGN NAME

**If you are under the age of 18, please have a Witness/Guardian fill out the section below*

SECTION D - PART 3
WITNESS/GUARDIAN DECLARATION *Only filled out if the Applicant is under the age of 18*

<p>I hereby declare that the information provided in this application and any supporting documentation is true, accurate and complete to the best of my knowledge.</p> <p>I have read and understood the NAAG details, and agree to the terms listed in each of these sections: <i>(please check)</i></p>		
<input type="checkbox"/> Requirements of Grant Recipients		
<input type="checkbox"/> Eligibility Requirements		
<input type="checkbox"/> Grant Application & Term		
<input type="checkbox"/> Funding		
<input type="checkbox"/> Disclaimers		
<input type="checkbox"/> Social Media Policy		
PRINT NAME	DATE (MM/DD/YYYY)	SIGN NAME

Thank you for completing your application for the Nossack Athletic Ambassador Grant. Please submit this application through our website at www.nossack.com/naag or email it to naag@nossack.com. We wish you great success!