Provincial Clinic Support Program

Guidance

Purpose
To support member clubs with the cost of providing high-level clinicians to both grass roots and elite equestrians in Manitoba.

Operation
Manitoba Horse Council will provide grants to eligible clubs selected as part of the program. Grants are intended to ***assist*** clubs in meeting the costs of providing clinics. The program is not able to cover fully the costs of clinics. Clubs are therefore encouraged to develop plans for recouping the costs of the clinics they hold.

FAQs
1. Who can apply for clinic support?
Clubs that are current members of Manitoba Horse Council may apply for funding through the Program provided the planned clinic meets the Program criteria and requirements. ***Only one grant per club will be allocated in a particular funding round.***

2. What level of support is available?
MHC has a fixed amount of funding available for the program which will be allocated according to numbers of applications received and the extent to which each application meets the funding criteria. Grants awarded maybe for any amount up to a maximum of $600 per club with the final amount paid by MHC not exceeding thetotal *expenditure* for the clinic.
Additionally, as a condition of funding, clubs providing a clinic with the financial support of the program are asked to provide publicity materials to the MHC office. This is to ensure MHC is able to further support the program by publicizing the clinic to members.

3. How can a grant from the program be applied for?
Clubs wishing to apply for funding should first read the Program criteria to ensure the clinic meets the Program eligibility requirements. Clubs should then complete an application form giving details of the clinic (location,clinician, target group etc.), demonstrating how they meet the program criteria.

4. What is the deadline for submission of applications for funding through the program?
The deadline for 2017 application funding is June 30, 2017 for clinics to take place May through December 2017. Applications using the appropriate form must be submitted to the MHC office by close of business on that date. Incomplete applications will not be considered.

5. When will a club accepted for a grant through the Program receive the funding?
The grant will be paid *after* the clinic has been held and only when a Post-Clinic Expenses Form has been received by the MHC office. An example of this form is included in this pack for information.

6. What happens if a clinic that a grant has been allocated to does not go ahead?
Funding allocated to clinics that do not go ahead will remain within the Program to be re-allocated during the next funding round.

Provincial Clinic Support Program

Funding Criteria and Requirements

• The clinic must be organized by an MHC member club.

• The clinician/s delivering the clinic must be named at the time of application and must be certified at Level 2 or above. If not certified at Level 2 or above, the clinician's resume must be attached to the application.

• The clinic must be open to all throughout Manitoba.

• A target group for the clinic must be specified.

• The objectives/purpose of the clinic must be outlined on the application form.

• Clubs should give consideration to how the costs of the clinic can be recouped e.g. charging participant fees, sponsorship etc

• A brief projected budget for the clinic must be provided outlining anticipated income and expenditure.

• Clinic organizers must provide a list of participants to MHC following the clinic.

• A Post-Clinic Report Form must be submitted after the clinic takes place in order for the grant to be paid. Original receipts/invoices for eligible expenses must be attached to the Claim Form. Expenses eligible for financial support through the program are: clinician's honorarium, accommodation and travel; facility rental; equipment rental (e.g. show jumps, dressage rings) and materials – photocopying, course building materials (logs, rope, nails etc). Purchase of course building equipment (e.g. tractors, hammers, chain saws etc) is NOT eligible.

• Applications for funding through the program must be made on the appropriate form by the specified deadline.

Manitoba
Horse Council

MHC use only
Rec'd: _____
Approved: ☐ _____
Grant Amount: _____
Club notified: ☐ _____

Provincial Clinic Support Program
Application Form

Club Name:

Clinic Title: | **Date/s:**

Clinic Location: (venue and address)

Clinic Co-ordinator: | **Phone:**

Email:

The Purpose/Objectives of the Clinic:

Target Group and Participant Numbers
Elite Athletes ☐ Grassroots Riders ☐ Both ☐
Anticipated maximum number of participants _____

Clinician/s
Please note that all clinicians must be certified at Level 2 or above. If this is not the case, please attach the clinician's resume.

Name: _____ Certified Level 2 or higher ☐ OR Resume attached ☐

Name: _____ Certified Level 2 or higher ☐ OR Resume attached ☐

Name: _____ Certified Level 2 or higher ☐ OR Resume attached ☐

Name: _____ Certified Level 2 or higher ☐ OR Resume attached ☐

Projected Budget

Expenses	
Facility Rental	
Equipment Rental & Materials	
Clinician Honoraria	
Clinician Accommodation	
Clinician Travel	
Total	

Income	
Participant Fees	
Other	
Total	

Total Projected Deficit/Surplus

Club President: | **Signature:**

Manitoba
Horse Council

Provincial Clinic Support Program
Post-Clinic Report

Club Name:	
Clinic Title:	**Date/s:**
Grant allocated:	
Clinic Location: (venue and address)	
Report submitted by:	**Phone:**
Email:	

How did the clinic achieve the planned objectives?:

Participation

Did the clinic reach the target group? Yes ☐ No ☐

Please attach a list of clinic participants to this report.

Clinic Budget – Please list all clinic expenses and income. Receipts need only be attached for expenses up to the value of the grant.

Expenses	
Facility Rental	
Equipment Rental & Materials	
Clinician Honoraria	
Clinician Accommodation	
Clinician Travel	
Total	

Income	
Participant Fees	
Other	
Total	

Total Projected Deficit/Surplus

Club President:	**Signature:**

MHC use only

Rec'd: _____ **Receipts attached:** ☐ **Approved by:** _____

Grant to be paid: _____ **by cheque #**_____ **mailed** _____.

Notes:_____

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