



**Application for Lifesaving Society  
Swim to Survive® School Program Grants**



**LIFESAVING SOCIETY®**

*The Lifeguarding Experts*

## 1. Type of application

- Board of Education or School with Aquatic Facility.** Please complete Section 2a.
- Partnership** (between school boards or schools and regional governments, municipalities, and/or aquatic facilities, where *all* parties will be responsible for the program and reporting to the Lifesaving Society). Please complete Section 2b.

If applying as a partnership, please provide the following information (where applicable):

Groups in the partnership	
Name of Organization (Please copy and attach if more space is required)	Type (e.g. school board, Y, municipality, etc.)

## 2. Address and contact information (Please list primary contact only)

### a) Board of Education or School with Aquatic Facility.

Board of Education/School Name		
Contact Name		
Title		
Telephone	Email	
Fax	Web Site	
Mailing Address		
City	Prov.	Postal Code

**b) Partnership** (between school boards or schools and regional governments, municipalities, and/or aquatic facilities)

For the board of education or school		
Contact Name		
Title		
Telephone	Email	
Fax	Web Site	
Mailing Address		
City	Prov.	Postal Code

For the municipality or aquatic facility		
Contact Name		
Title		
Telephone	Email	
Fax	Web Site	
Mailing Address		
City	Prov.	Postal Code

<b>For other partner(s)</b> (Please copy and attach if more space is required.)		
<b>Contact Name</b>		
<b>Title</b>		
<b>Telephone</b>	<b>Email</b>	
<b>Fax</b>	<b>Web Site</b>	
<b>Mailing Address</b>		
<b>City</b>	<b>Prov.</b>	<b>Postal Code</b>

**3. Declaration:**

- We acknowledge that as a requirement of a Swim to Survive® Program Grant, no student/parent will be charged for any portion of this program.
- We have read and accept the requirements and conditions for a Swim to Survive® Program Grant as outlined in this document and in the *About Lifesaving Society Swim to Survive School Program Grants*.
- We certify that, to the best of our knowledge, the statements and information in this application are complete and accurate.
- We understand that the information provided by me to the Lifesaving Society will be used in the administration of funds from the swim to survive grant.

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<b>Name of Administrator</b>	<b>Name of Organization</b>	<b>Signature</b>	<b>Date</b>
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(Please copy and attach if more space is required)

**4. Program Description: EXAMPLE Program Information Form**

Name of school board	Name of school	Municipality of school	# of classes / school	# of students / school	Aquatic facility name	Municipality of aquatic facility
ACME School Board	ABC School	Somewhere City	4	84	DEF Community Pool	Somewhere City
	GHI School	Somewhere City	3	60	DEF Community Pool	Somewhere City
	MNO School	Oronko Township	2	48	JKL Community Pool	Oronko Township
	PQR School	Sunrise City	3	72	JKL Community Pool	Oronko Township
<b>Total number of schools</b>	<b>4</b>	<b>Total # Gr. 3 students</b>		<b>264</b>	<b>Total # of classes</b>	<b>12</b>
Total number of pool facilities participating				2		
Anticipated start date	September		Anticipated Completion Date		June	
Number of in-water lessons	3		Length of lessons (amount of time in water i.e. 1 hr)		1 hour	
Number of in-class lessons	3		Length of classroom lesson (i.e. 10-15 minutes)		20 minutes each	
What is the student/swim instructor ratio?				15:1		
Who will inform parents/guardians of participation in the program?				School Board		
Who will distribute the Parent Handouts?				School Board		
Who will distribute the Classroom Teacher's Kit?				School Board		
Who will distribute the Participant Certificate?				Municipality		
Who will distribute feedback forms to students, parents, teachers, swim instructors?				School Board & Municipality		

**Program Information Form** (Please copy and attach if more space is required.)

Name of school board	Name of school	Municipality of school	# of classes / school	# of students / school	Aquatic facility name	Municipality of aquatic facility
<b>Total number of schools</b>		<b>Total # Gr. 3 students</b>			<b>Total # of classes</b>	
Total number of pool facilities participating						
Anticipated start date		Anticipated Completion Date				
Number of in-water lessons		Length of lessons (amount of time in water i.e. 1 hr)				
Number of in-class lessons		Length of classroom lesson (i.e. 10-15 minutes)				
What is the student/swim instructor ratio?						
Who will inform parents/guardians of participation in the program?						
Who will distribute the Parent Handouts?						
Who will distribute the Classroom Teacher's Kit?						
Who will distribute the Student Certificate?						
Who will distribute feedback forms to students, parents, teachers, swim instructors?						

### 5. Financial Information: **EXAMPLE** Budget Worksheet

Anticipated Costs (please include <u>all</u> associated program costs here)				
Item & Description		Requirements	Unit Cost	Anticipated Cost
1. Instructional Cost	Instructors	3 hours x 12classes x 2 Instructors = 72 hrs	\$15.00/hr	\$1,080.00
2. Aquatic Facility Cost	DEF Community Pool	3 x 1 hour lessons x 7 classes = 21 hrs	\$50.00/hr	\$1,050.00
3. Aquatic Facility Cost	JKL Community Pool	3 x 1 hour lessons x 5 classes = 15 hrs	\$60.00/hr	\$900.00
4. Transportation Cost	Busing	6 buses x 3 roundtrips (classes will use the bus together when possible) =18 roundtrips	\$100.00 / roundtrip	\$1,800.00
<b>Total Anticipated Costs</b>				<b>\$4,830.00</b>
Total number of students				264
Program cost per student (Total program expenditures divided by total number of students = \$4,830/264)				\$18.30

Revenue		
Sources of Revenue	Allotment	Revenue Total
1. Somewhere City (confirmed)	Aquatic Facility	\$1,050.00
2. Oronko Township (confirmed)	Aquatic Facility	\$900.00
3. CIAF Grant (confirmed)	Transportation	\$1,300.00
4. Transportation company (confirmed)	Transportation	\$100.00
5. Kinsmen Club (confirmed)	Transportation/Instruction	(\$400/\$100) \$500.00
<b>6. Lifesaving Society</b>	<b>Anticipated Grant Amount</b>	<b>\$980.00</b>
<b>Total Program Revenue (equal to total anticipated costs)</b>		<b>\$4,830.00</b>
Grant per student (Anticipated Lifesaving Society grant divided by number of students = \$980/264)		\$3.71

**Budget Worksheet** (Please copy and attach if more space is required.)

<b>Anticipated Costs (please include <u>all</u> associated program costs here)</b>			
Item & Description	Requirements	Unit Cost	Anticipated Total Cost
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>Total Anticipated Costs</b>			
Total number of students			
Program cost per student (Total program expenditures divided by total number of students)			



**Budget Worksheet** (continued) Please copy and attach if more space is required.

Revenue		
Sources of Revenue	Allotment	Revenue Total
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
<b>10. Lifesaving Society</b>	<b>Anticipated Grant Amount</b>	
<b>Total Program Revenue (equal to total anticipated costs on page 8)</b>		
Grant per student (Anticipated Lifesaving Society Grant divided by number of students)		

**Note:** The Society's Swim to Survive Schools Program is supported with public funds and may be audited by the Government of Ontario. All Swim to Survive grant applications are public documents that may be reviewed by auditors of boards of education, municipalities or viewed by media.

## 6. Application Summary Form

<b>Information</b>				
1.	Board of Education/School Name			
2.	Geographical Area of Board of Education/School in Ontario (please check one)			
	Toronto & Area		London	
	Barrie		North Bay/Sudbury	Ottawa
				Thunder Bay
3.	Type of School Board (please check all that apply)			
	English Public		English Separate	French Public
	French Separate		Other (please specify)	
4.	Total number of Gr. 3 students in school board(s)			
5.	Total number of Gr. 3 students to be reached with this Swim to Survive Program			
6.	Which partner will provide insurance coverage for the students during transportation?			
7.	Which partner(s) will provide insurance coverage for the students during in-water lessons?			

## 7. Application Checklist

Now that the application form is completed:

- Pages 2, 3, 4, 6, 8, 9 & 10
- Ensure that all applicable parties have signed and dated the application
- Attach proof of insurance during transportation
- Attach proof of insurance during water lessons

Send all of the above to:

LIFESAVING SOCIETY  
Swim to Survive School Program  
400 Consumers Road,  
Toronto, ON M2J 1P8  
FAX (416)490-8766  
Attention: Sindy Parsons

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