



SPORTCENTRAL

Equipment for kids in need since 1991

Referring Agency Application

As a Registered Charity, Sport Central's mandate is to help Children in Low-Income Families by providing Sport Equipment (at no cost) to those who qualify. We rely on agencies to qualify and refer children (Age 4 to 17 years) to us. These include social workers, schools, charities, allied professionals, and other community groups and programs.

To become a referring agency please complete this application and email to:
thekid@sportcentral.org

If you have questions about information requested, please call or email us.

Agency / Organization Information

| | | | |
|--------------------------|--|--------------|--|
| Organization Legal Name: | | | |
| Street Address: | | | |
| City: | | Province: | |
| Website: | | Postal Code: | |

Contact Information

| | | | |
|---|-------------------------------|------------|------------------------------|
| Contact Name: | | | |
| Position: | | | |
| Main Phone: | | Alt Phone: | |
| Email Address: | | | |
| Are you the main contact person in charge of referrals for your agency? | Yes: <input type="checkbox"/> | | No: <input type="checkbox"/> |
| If no, include the name of the main contact person here: | | | |

Agency / Organization Profile:

| | | | |
|--|---|---|------------------------------|
| Has your organization made referrals to Sport Central in the past? | Yes: <input type="checkbox"/> | | No: <input type="checkbox"/> |
| How did you hear about Sport Central? | <input type="checkbox"/> Word of mouth <input type="checkbox"/> News / Newspaper <input type="checkbox"/> Google Search | <input type="checkbox"/> Agency / Organization <input type="checkbox"/> Other: _____ | |



Agency / Organization Profile:

| | |
|---|--|
| Please include a short description of your organization | |
| What is your organization's mission? | |
| How are families assessed based on financial need in your organization? | |
| Do you have any indigenous, immigrant, or visible minorities represented? If so what percentage? | |
| Do you have an organization newsletter? How many families are on the distribution list? | |
| Is there any other information you would like to share about your organization and area of the city | |

Working Together:

| | |
|--|--|
| Do you have the ability to provide translation services for clients if needed? | |
|--|--|

Next Steps:

Once your application has been approved you will receive a blank referral form to be used by your organization. We will also provide you a summary on LICO (Low Income Cut OFF) along with a list of sports we provide equipment for. We appreciate any indorsement or promotion your organization can provide.

Terms and Conditions:

As an authorized representative of my organization, I certify that the information on this form is correct to the best of my knowledge. We will comply with the necessary documentation and implementation plan as outlined by Sport Central.

On Behalf of the Organization

On Behalf of Sport Central

Printed Name

Printed Name

Signature

Signature

Date

Date

