



TECHNICAL LEADER ASSISTANCE FORM (TAF)
(REFER TO CRITERIA ON PREVIOUS PAGE)

Provincial Sport Organization: _____

Grant (check one) Hosting NCCP (Complete section 1 & 4) Travel Assistance (Complete sections 2, 3 & 4)

Type (check one) Coach Coach Developer Official

Name and /or Level of Technical Course: _____

Activity Date : _____ Activity Location _____

1. Hosting NCCP Course

Host Agency	# Hours for course	Registration Fee	Projected Facilitator(s)

2. Travel Assistance

Coach Name	Official Name

3. Purpose of Travel _____

4. Projected Budget

Facility:	
Required Resources/Manuals:	
Facilitator Honoraria (Name) * ➡ Hrs. at \$	
Accommodations:	
Meals/Per Diem:	
Transportation:	
Advertising:	
Other (A/V Equipment, Admin, Advertising –please detail):	
TOTAL EXPENSES	
TOTAL REVENUE Number of Participants @\$ /participant	
TOTAL PROJECTED DEFICIT (EXPENSES LESS REVENUE)	

5. Authorization

<p>Provincial Sport Organization Representative</p>	<p>FOR COACHING MANITOBA USE ONLY (Approval &Comments)</p> <p>Amount: \$ _____ Acct#: _____</p> <p><input type="checkbox"/> Enter D.Base <input type="checkbox"/> Invoice received</p> <p><input type="checkbox"/> Confirmation emailed <input type="checkbox"/> Payment made</p> <p><input type="checkbox"/> Pmt memo emailed</p> <p style="text-align: right;">CAF # _____</p>
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