

Closing date Tuesday 21st October at 3pm

For office use:	Organisation Stamp
Received by:	
Signed:	
Date:	



Cavan Sports Partnership Grant Scheme 2014 Application Form

Please fill in all sections applicable as incomplete applications will not be considered by Cavan Sports Partnership for a grant.

Section 1: Club/Organisation Profile

1. Applicant Details

Name of Club/Organisation:

Are you Sports Club Community Organisation

Name and address to which correspondence should be sent:

Chairperson:	Tel No
Secretary:	Tel No
Treasurer:	Tel No
Email Address:	
Club website:	

2. Bank Account Details:

All payments will be processed directly to your club's Bank/Building Society Account. Please provide the following details:

Name of Bank/Building Society:
Address of Bank/Building Society:

Account name:

Account no: Sort Code:

3. Affiliation

Is your club/organisation affiliated to a **National Governing Body**? Yes No

If yes, please state name of NGB

Does your club/organisation have a written club constitution? Yes No

Date of last AGM _____

4. Club Membership Details: (please give numbers)

Age Group	Male	Female
12 years and under		
13 – 18 years		
19 – 45 years		
46 years plus		
Total		

Section 2: About your Club

5. Please detail the aims of your club/organisation and list the sports/physical activities you provide for your members:

6. Child protection:

(i) Does your club/organisation have a child protection policy? Yes No

(ii) Has your club/organisation attended a certified Child Welfare & Protection/Code of Ethics course? Yes No

If yes, please specify names of those who attended and give certificate numbers where possible: (please use separate sheet if necessary)

Name	Certificate Number

Please note: Clubs and organisations working with children (under18) must have attended Child Protection/Code of Ethics Awareness Course.

Does your club/organisation have a Children’s Officer? Yes No

If yes, please specify names of those who attended and give certificate numbers where possible:

Name	Certificate Number

Section 4: Financial Information

10. How will you fund your project:

(a) Total cost of project

€
€

(b) How much are you apply for from CSP

How does your club/organisation propose to meet additional costs:

11. Please details how funding from Cavan Sports Partnership will be spent:

e.g. advertising, training costs, coaching costs, room hire

Project element	Amount €
Total	€

Declaration

I hereby certify that I have read and understand the Cavan Sports Partnership Grant Scheme criteria and that the information supplied on this application is complete, correct and accurate in every respect and it is on that basis only that this application is submitted for consideration and accepted for consideration by Cavan Sports Partnership.

I further understand that the submission of any incorrect or inaccurate information will render the application null and void.

Signed: (on behalf of club/organisation)

Date:

Name: (block capitals)

Please ensure you have completed all relevant sections of this form. Late and Incomplete applications will not be considered by Cavan Sports Partnership for grant purposes.

Completed Application can be returned:

by post to: (please ensure if posting that it is received no later than 3pm on 21st October, late applications will not be accepted)

Nadine McCormilla, Cavan Sports Partnership, Cavan County Council, Farnham Centre, Farnham Street, Cavan.

by hand to:

Customer Service Desk, Cavan County Council, Farnham Centre, Farnham Street, Cavan.

Closing Date for all applications is Tuesday 21st October 2014 at 3pm.

Please get this section stamped at customer service desk and retain for your records.

	Cavan Co Co Stamp
Club name:	
Date received:	
Time received:	
Signed:	

