



## Cavan Sports Partnership Grant Scheme 2018/2019 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		
<b>Total</b>		

**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/Safeguarding 1 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

**7. Does your club offer opportunities for participation**

**for people with disabilities?**    Yes     No

Please give detail:


Cavan Sports Partnership delivers ‘Games for All’ disability inclusion training. Would you like to receive further information on this course?    Yes     No

**Section 3: Project Application**

Please choose which **ONE** scheme you are applying for:

- 1. Club Coaching
- OR
- 2. Club Equipment
- OR
- 3. Event Sponsorship

Please provide more detail on EITHER No.1 **OR** No.2 **OR** No.3 in this section:

**No.1 Club Coaching fund:**

If applying for coach education/training please complete for each proposed participant:

Proposed Participant & position in club	Course Name	Awarding Body	Dates & Venue	Cost

**Please describe the impact this club coaching grant will have on your club: e.g. how will this resource your club? How will it help with future development? (max 200 words)**




**No. 3 Event Sponsorship**

**Please describe project/programme:** please outline your project: what it is; why you are undertaking this project; what do you hope to achieve both now and in the future by undertaking this project and the impact this grant would have, if successful, on your project. Please outline how Cavan sports partnership would be promoted in the event (max 500 words)


**Project Summary**

(i) Estimated number of participants:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(ii) Location of Project:	<input type="text"/>		
(iii) Starting Date:	<input type="text"/>		
(iv) Duration of Project:	<input type="text"/>		
* Please include a copy of the events public liability insurance with your application.			

## Section 4: Financial Information

### 10. How will you fund your project?

(a) Total cost of project

€

(b) How much are you applying for from CSP

€

How does your club/organisation propose to meet additional costs? (e.g. fundraising, other grant aid, club funds etc)

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

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

Project element	Amount €
<b>Total</b>	<b>€</b>

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## 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. Incomplete applications will not be considered by Cavan Sports Partnership for grant purposes.

Completed Application can be returned:

***by post to:***

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 Wednesday November 7th 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:	