

**Cavan Sports Partnership Grant Scheme 2019/2020**

**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:

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

**CSP Club Database:**

Sports Clubs Secretary Details are available on Cavan Sports Partnership website [www.cavansportspartnership.ie](http://www.cavansportspartnership.ie) Club Support Section.

Please tick if you are happy that the above secretary contact details can be used for viewing on Cavan Sports Partnership Website

Please refer to GDPR section in Grant Guidelines.

**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:

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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:**

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**7. What facilities does your club/community organisation have?, please tick**

Pitch Meeting Room Stand

Indoor Hall Kitchen Playground

Walking Track Gym

Astro Turf Pitch Basketball

Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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** |
|  |  |
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**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:

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Cavan Sports Partnership delivers ‘**Games for All’ disability inclusion training**.

Would you like to receive further information on this course?

Yes No

Does your club offer opportunities for participation for people with disabilities?

Has your club signed up for the **Sports Inclusion Disability Charter**? Yes No

Cavan Sports Partnership can provide support to clubs to sign up to Sports Inclusion Disability Charter, please tick here if you require this Yes No

To download Sports Inclusion Disability Charter please use following link

<https://caracentre.ie/sport-inclusion-disability-charter/>

**Section 3: Project Application**

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

1. **Club Coaching**

**OR**

1. **Club Equipment**

**OR**

1. **Event Sponsorship**

**OR**

1. **Inclusive Events for people with a disability**

**Please provide more detail on EITHER No.1 OR No.2 OR No.3 OR No.4 in this section:**

**No.1 Club Coaching fund: (Maximum fund €500)**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Participant & position in club** | **Course Name** | **Awarding Body** | **Dates & Venue** | **Cost** |
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**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)*

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**No.2 Club Equipment – supporting minority sports: (Maximum fund €500)**

**If applying under the club equipment fund please outline below**

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| --- | --- | --- | --- |
| **Type of equipment** | **Quantity** | **Purpose/Target group** | **Cost** |
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**Club equipment grant aims to support minority sports clubs throughout the county. Please outline below how your club falls under the minority category and the impact of the equipment grant for your club:**

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**No. 3 Event Sponsorship: (Maximum Fund €1,000)**

**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)

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**Project Summary**

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| --- |
| (i) Estimated number of participants:  Total Male Female  Total Male Female |
| (ii) Location of Project: |
| (iii) Starting Date: |
| (iv) Duration of Project: |
| \* Please include a copy of the events public liability insurance with your application. |

**No. 4 Inclusive Events for people with a disability: (Maximum Fund €500**

**Cavan Sports Partnership wish to support communities, clubs, and groups to create an inclusive physical activity environment for people with a disability in the county. This fund aims to promote ‘inclusive sporting events’ throughout the county where all members of the community can take part.**

**Details of your proposed Inclusive Event/**: (describe in detail, the activity, location, duration, estimated number of participants, person responsible for project, if coaches/tutor have experience in relation to working with people with a disability, how you plan to ensure people with a disability will participate fully in event, what you hope to achieve with event and the impact it will have? Is the activity sustainable, could it be annual event?)

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**Project Summary**

|  |
| --- |
| (i) Estimated number of participants:  Total Male Female  Total Male Female |
| (ii) Location of Project: |
| (iii) Starting Date: |
| (iv) Duration of Project: |
| \* Please include a copy of the events public liability insurance with your application. |

**Section 4: Financial Information**

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

|  |  |
| --- | --- |
| 1. Total cost of project | € |
| 1. 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)

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

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

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| --- | --- |
| **Project element** | **Amount €** |
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| **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. 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 6th November 2019 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: |