**DORMANT ACCOUNTS FUND COMMUNITY SPORTS HUB**

**EXPRESSION OF INTEREST FORM**

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| **SECTION 1: GENERAL ORGANISATION INFORMATION** |

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| Organisation Name: |  | | | |
| * 1. **Organisation Address:** |  | | | |
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|  | **Eircode:** |  | |
| Primary Contact Information (Project Lead) | | | | |
| **Name:** |  | | | |
| **Position:** |  | | | |
| **Main Contact Number:** |  | | | |
| **Email address:** |  | | | |
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| Please provide an estimate of funding (capital and programming) required to develop your Community Sports Hub? The range of funding investment being targeted is estimated at maximum of €50,000 for THE successful application | | | | **€** |

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| **SECTION 2: COMMUNITY NEEDS** |
| **2.1. Understanding the community needs?**  Outline the local need for a Community Sports Hub (CSH). This should include evidence of readiness of the community to engage and the potential benefits to the community (community groups, organised sports clubs and informal physical activity groups). *NB - maximum of 250 words* |
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| **2.2. Outline the various target groups your Community Sports Hub plans to work with?**  Please note the key objective is to increase the number of people of all ages participating in sport and physical activity in their communities with a specific focus on youth and teenagers. |
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| **SECTION 3: POTENTIAL INITIATIVES – PROJECT DESCRIPTION** |
| **3.1. Give a brief outline of your Project proposal.** |
| Please outline details of programming for various groups, for example, sports clubs, youth, teenagers, adults, older adults, schools etc |

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| **SECTION 4: POTENTIAL INITIATIVES – PROJECT OUTCOMES** |
| **4.1. Please highlight the expected outcomes arising from this support in more detail.**  Outcomes refer to the short, medium and longer term impact i.e. changes which are expected to come about as a result of the funding. *NB – maximum of 500 words* |
| Please detail the numbers benefitting from programme elements and expected impact on project on participants and the wider community. |

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| **SECTION 5: PARTNERS INFORMATION** | | | | | |
| **5.1.** **Provide an outline of the partners that will be involved.**  (This may include local sports clubs, schools, community and voluntary groups, National Governing Bodies of Sport (NGB’s), where appropriate) | | | | | |
| **Partners Name** | **Responsibility (their involvement)** | (Please tick where applicable) | | | |
| **Lead** | **Joint Lead** | **Partner** | **Supporter** |
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| **SECTION 6: RESOURCES** | | |
| **6.1.** **Provide details of the total costs associated with the project.** Examples of cost headings: Facilitator/ Coaching costs/ Equipment / Training and Education Courses/Joint Initiatives and Taster Days etc / Advertising and Marketing Costs/ Local Programme Evaluation etc. | | |
| **PROJECT COST**  Include overall resource requirements  for the project | **DESCRIPTION** | **COST €**  (Estimated) |
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| **TOTAL COSTS** | | € |

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| **SECTION 7 – SIGNATURES** |
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We declare that the information provided in this Application Form is true and accurate

We have read and understood the Community Sports Hub Guidelines which were received with this application form.

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| **Signature** |  | **Signature** |
|  |  |  |
| **Date:** |  | **Date:** |

**CLOSING DATE:** **Friday 1st June 2018** for receipt of completed*Expression of Interest forms* by Cavan Sports Partnership *(Late applications will not be considered)*

**Submissions by hard copy to Cavan Sports Partnership, Cavan County Council, Farham St, Cavan or email** [**info@cavansportspartnership.ie**](mailto:info@cavansportspartnership.ie)

**The Community Sports Hub (CSH) is funded by Sport Ireland via the Dormant Accounts Fund**

