# **Louth Sports Unit**

# Small Clubs Grant Application Form

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| Organisation Information | |
| Name of Sports Club |  |
| Address of Club |  |
| Type of Sporting Activity |  |
| National Governing Body to which club is affiliated(If applicable) |  |

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| Name and Address of Project Coordinator | |
| Name |  |
| Address |  |
| Position in Club |  |
| Telephone Number |  |
| Email Address |  |

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| **Applying for(Mark with an X)**  **Please Select One Only** | |
| Sports Club Grant Scheme for Increasing and Sustaining Participation |  |
| **Grant Scheme for increasing participation opportunities in Sport and Physical Activity for PwD (People with a Disability)** |  |

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| **What type of project does this work correspond to?** | | | **Mark with X** |
| **Strategic Goals** | **Increasing Levels of Participation** | Increasing participation among ethnic minorities |  |
| Increasing participation among people with disabilities |  |
| Increasing participation by girls and women |  |
| Increasing participation by socially excluded groups |  |
| Increasing participation for all |  |
| Older adults participation opportunities |  |
| Young peoples programmes |  |
| Other (Please Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
| **Better Club Governance** |  |  |
| Club and volunteer development |  |
| Increased access to facilities |  |
| Other (Please Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
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| **Greater Access to Training and Education** | Community groups training courses |  |
| Courses for young people |  |
| Training courses to support club development |  |
| Upskill coaches to increase participation |  |
| Other (Please Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
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| **Project Details** | |
| **Name of Project** |  |
| **Purpose for which grant, if approved will be used. (Please attach additional information if required)** |  |
| **Research based evidence to support the running of the Project** |  |
| **Planned Start date** |  |
| **Planned End date** |  |
| **What is the aims of the Project (Aim is the overall goal of the project).** |  |
| **Objectives of Project (Objectives are the stages needed to go through to meet aim of the project).** |  |
| **What actions will be undertaken to achieve the aims and objectives of this project?** |  |
| **In regards to the project what would you consider a success.** |  |

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| **Tell us more about your project** | |
| **Why is your project needed?**  (Please tell us why our project is needed) | |
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| **What differences will your project make?**  (Please tell us about the impact your project will have on sports participation) | |
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| **How will you make your project happen?**  (Please tell us how you have planned your project and how you will deliver it) | |
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| **What will happen after the projects ends?**  (Please tell us how your project will help participants continue their involvement in sport at the end of this funding) | |
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| **Cost of Project**  **(Please list items and estimated cost for which grant assistanace is sought, including breakdown of all costs).** | | | |
| **Items** | | **Estimated Costs** | |
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| **Total cost to run the project?** | | **€** | |
| **How much money was generated from the project?**  **(i.e course fees, sponsorship etc).** | | **€** | |

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| **Targeted Numbers of people taking part** | |
| **How participants will take part in the programme overall?** |  |
| **Age groups (Please circle)** | 0-10, 11-14, 14 -18, 19-25, 25-35, 35-45, 46+ |
| **Breakdown of male and female participants** | Male:\_\_\_\_ Female:\_\_\_\_ |
| **Number of participants (adults) targeted?** |  |
| **Number of participants (kids) targeted?** |  |
| **Number of Volunteers targeted to support the project?** |  |

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| **Requirements for Grant Scheme** | |
| **Does your club have a child protection policy?** | Yes No |
| **Has your club got a member trained in Safeguarding 1**  **Safeguarding 2**  **Safeguarding 3** | Yes No  Yes No  Yes No |
| **If Yes, could we get the names of the members that are certified and their certificate numbers?** | Name(s):  Cert Numbers: |
| **Have you applied to any other organisations for funding towards this initiative?** | Yes No |
| **If Yes (Please specify):** |  |
| **Have you received funding from any other source for this initiative?** | Yes No |
| **If Yes (Please specify amount and source):** |  |
| **Is your club a member of the Louth Public Participation Network?** | Yes No |
| **Has a current member of your club/organisation attended a Disability Awareness or Inclusive Games Training course?** | Yes No  If yes, Name and Date of Course: |

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| **Current Number of Coaches in your club** | | |
| **Level of Qualification** | **Number of Coaches** | **Awarding Body** |
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| **Declaration** | | |
| (To be signed by club chairperson and treasurer)  (In the case of joint applications between clubs, this page to be copied and filled in by two members of each club involved)  I hereby certify that I have read and understand the Sports Club Grants for Increasing and Sustaining Participation Application Guidelines and that the information supplied on this application is complete, correct and accurate in every respect and it is on this basis only that this application is submitted for consideration and accepted for consideration by Louth Local Sports Partnership. I further understand that the submission of any incorrect or inaccurate information will render the application null and void  Louth Local Sports Partnership is fully compliant with GDPR and all information provided will be held as per out data protection policy and data retention policy. | | |
|  | **Chairperson** | **Treasurer** |
| Name: |  |  |
| Signature: |  |  |
| Date: |  |  |
| **Completed application forms should be returned by 4.00pm on Friday 2nd of November 2018** | | |

**Return Postal Address**

**Sports Club Grant Application, Louth Sports Unit**

**Dundalk Sports Centre, Tom Bellow Avenue, Dundalk, Co. Louth A91 X36T.**

**Tel: 042-9324318**

PLEASE NOTE: Applications received after the closing date will not be considered

THE DECISION OF THE COMMITTEE IS FINAL

**Check List for Application**

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| Application Form – fully complete and signed |  |
| Copy of Constitution/Club Rules |  |
| Copy of most recent accounts |  |
| Date and Time Received by Louth Sports Unit |  |