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## **Louth Local Sports Partnership**

## **Club Grant 2020**APPLICATION FORM*Please read the Grant Criteria carefully before completing this form.*

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| **1. CLUB DETAILS** |  |
| Name of Club/Organisation: |  |
| Club Address/Location: |  |
| Club Web/Facebook Address: |  |
| Treasurer: |  |
| Secretary: |  |
| ***DETAILS OF CORRESPONDENCE PERSON FOR CLUB*** |
| Name: |  |
| Correspondence Address: |  |
| Position in Club: |  |
| Mobile Number: |  |
| Email: |  |
| Please confirm that the above details can be listed on the LSP Website YES  NO  |
| **2. What type of project does this work correspond to?** |
| Increasing Participation amount Ethnic Minorities |  |
| Increasing participation among people with disabilities |  |
| Increasing participation by socially excluded groups e.g. Mental Health, Disadvantaged Communities, Unemployed |  |
| Increasing participation in: Triathlon, Basketball, Volleyball, Tennis, Lawn Bowls |  |
| Increasing participation for all |  |
| Older adults participation opportunities |  |
| Young peoples programmes |  |
| Club and Volunteer development |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **3. AFFILIATION**  |
| (i) Is your club/organisation affiliated to a National Governing Body (NGB)? YES Ny NO |
|  (ii) If yes, please state name of NGB: |  |
| (iii) If you are a disability group and not affiliated to an NGB, please state below which National Disability organisation you are affiliated to: |
|  |
| (iv) Is your club/organisation a member of Louth Public Participation Network (PPN)? *This is a requirement for all grant applications* Contact: Jeanette Morgan Louth PPN on 042-9324284 YES NO  |
| **4. CHILD PROTECTION**

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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 (Compulsory for all kids clubs)****Safeguarding 2** **Safeguarding 3** | Yes NoYes NoYes No |
| **If Yes, could we get the names of the members that are certified and their certificate numbers?** | Name(s): |
| **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):** |  |
| **Has a current member of your club/organisation attended a Disability Awareness or Inclusive Games Training course?** | Yes NoIf yes, Name and Date of Course: |

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| **5. GRANT DETAILS**  |
|  **If you are applying for:**A) New Club Grant (Disability, Mental Health, Triathlon, Volleyball, Basketball, Tennis, Lawn Bowls, Disadvantaged Communities, Ethnic Minorities, Unemployed) - ***Please complete Q5A*** B) Club Development Grant (Disability, Mental Health, Triathlon, Volleyball, Basketball, Tennis, Lawn Bowls, Disadvantaged Communities, Ethnic Minorities, Unemployed) - ***Please complete Q5B***  |
| **5A - NEW CLUB GRANT**  |
| (i) Are you a new club? YES  NO    |
| (ii) **If ‘yes’, when was the club formed and registered with an NGB?**  *(please attach written confirmation from your NGB)* |
|  |
| **(iii) Please give a breakdown and details below of start up costs?**   |
| **Cost Area** |  | **Amount** |
|  |  |
|  |  |
|  |  |
| **TOTAL** | **€** |
|  **5B - CLUB DEVELOPMENT GRANT**  |
| (i) **Describe the proposed project**  Please include target groups and outline of project including dates *(use additional sheets if necessary)*  |
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| **(ii) How will this project increase participation?**  |
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| **(iii) What are the associated costs of this project?** *Please provide relevant quotations as appropriate.* |
| **Cost Area** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** | **€** |

**Check List for Application**

**Please be aware that all documents must accompany your completed application, incomplete applications will be returned.**

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| Application Form – fully complete and signed |  |
| Copy of Constitution/Club Rules |  |
| Copy of Annual Financial Statement or most recent accounts (3 mths) |  |
| Date and Time Received by Louth Sports Unit (For Office Use) |  |

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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 Application Criteria and that the information supplied on this application is complete, correct and accurate to the best of my my knowledge. It is on this basis that the application is submitted for consideration and accepted 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 not be shared for other than this grant application. |
|  | **Chairperson** | **Treasurer** |
| Name: |  |  |
| Signature:  |  |  |
| Date: |  |  |
| **Completed application forms should be returned by 4.00pm on Wednesday 5th February 2020** |

**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

