



Local Sport Grant Scheme 2010 Development Fund Application Form.

Section 1: Club/Group General Profile

1. Applicant Details

Name of Club/Group: _____

Web Address: _____

Chairperson: _____

Treasurer: _____

Secretary: _____

Details of Contact Person for Club/Group to be listed on CCSP Website.

Name: _____

Position in club: _____

Address: _____

Tel No: _____

Email: _____

2. Bank Account Details:

All payments will be processed directly to your Bank/Building Society Account.
Please provide the following details:

Name of Bank/Building Society _____

Address of Bank/Building Society _____

Account Name: _____

Sort Code: _____

Account No.: _____

3. Affiliation

(i) Is your club/group affiliated to a National Governing Body (NGB)?

Yes No

(ii) If yes, please state name of NGB. _____

(iii) Is your club a member of the Community and Voluntary Forum? Yes No

4. Club/Group membership details: (please give numbers)

Age Group	Male	Male with a Disability	Female	Female with a disability
12 years and under				
13 – 18 years				
19 – 45 years (Senior)				
46 years plus (Veteran)				
Total				

Please complete the following table if you have members with a disability.
Please provide the number in each category.

Physical	Learning	Deaf / Hard of hearing	Blind / Visual Impairment	Mental Health	Special Olympics

Section 2: About your Club/Group

(Please add additional sheets if necessary – additional information may strengthen your grant application)

5. Please describe the purpose of your club/group and specify the sports/physical activities you provide for your members:

6. Child Protection

(i) Does your club have a child protection policy? Yes No

(ii) Has your club/group attended a certified Child Welfare & Protection awareness course? Yes No

If yes, name of certifying body: _____

Please Note: Grants will not be allocated until a club member has attended a Child Welfare & Protection Awareness Course. Please attach a copy of the certificate demonstrating attendance. County Carlow Sports Partnership can organise Child Protection training specifically for your club. Contact the office for further details.

7. Does your club/group offer opportunities for participation for people with disabilities? Yes No

Please detail _____

Would your club be interested in attending a workshop on Adapted Physical Activity for People with Disabilities? Yes No

8. Does your club/group have someone currently certified in First Aid?

If yes, please state how many are certified and the name of the certifying body.

9. Does your club/group have a defibrillator? **Yes** **No**

Has anyone in your club received defibrillator training? **Yes** **No**

If yes, please name the person and give dates of training

Name of certifying body: _____

Section 3: Development Fund

10. Outline in detail what your club/group intends to do with the funding (Attach additional sheet if necessary).

11. How might it make a difference in the development of your club/group?

12. How does it fit into your club/group future plans?

13. What are the associated costs? (Please attach supporting quotations).

Cost Area	Amount
TOTAL	€

14. Does your club target any of the following, please tick

Target Group	
Women & girls	
Older Adults	
People with a disability	
Ethnic Minorities	
Non Irish Nationals	
People living in designated disadvantaged areas (RAPID/CLAR)	

Please provide details if appropriate:

Section 4: Evaluation Form.

This section must be completed by clubs/groups who received funding under the 2009 Local Grant Scheme. Failure to complete the section will result in your application not being considered. Please add additional sheets if necessary.

15. Please provide details of how the funding received under the 2009 Local Grant Scheme was used:

16. Please provide details of the benefits derived from the funding:

17. How many people benefited from the grant? _____

18. Please circle the group that benefited from the grant received?

Male

Female

Mixed

19. Please indicate the age range of the participants: _____

Declaration by Club Secretary.

I have read and understand the guidelines and criteria and I declare that the information supplied on this application form is complete, correct, and accurate in every respect.

SIGNED: (on behalf of club/group): _____

NAME (Block Capitals): _____

DATE: _____

**Closing date for receipt of applications is
5.30pm, 6th September 2010.**

Completed application forms should be returned to:

Local Sport Grant Scheme 2010,
County Carlow Sports Partnership,
Community and Enterprise Dept,
Carlow County Council,
Athy Road,
Co. Carlow.

Tel: 059 9172452
Email: cohiarnain@carlowcoco.ie
www.carlowsports.ie

**THE DECISION OF COUNTY CARLOW SPORTS PARTNERSHIP
BOARD OF MANAGEMENT IS FINAL.**