

## **Waterford Sports Partnership**

## **Club Grant 2019** APPLICATION FORM *Please read the Grant Criteria carefully before completing this Form.*

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| **1. APPLICANT DETAILS** | |  |
| Name of Club/Organisation: | |  |
| Club Address/Location: | |  |
| Club Web/Facebook Address: | |  |
| Treasurer: | |  |
| Secretary: | |  |
| ***DETAILS OF CORRESPONDENCE PERSON FOR CLUB*** | | |
| Name: |  | |
| Position in Club: |  | |
| Mobile Number: |  | |
| Email: |  | |
| Please confirm that the above details can be listed on the WSP Website YES  NO  | | |

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| **2. BANK ACCOUNT DETAILS:** Any payments may 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: | | | |  | | | | | | |
| Account Number: | | | |  | | | | | | |
| BIC*:* | | | |  | | | | | | |
| IBAN: | | | |  | | | | | | |
| Signed by Authorised Signatory | | | |  | | | | | | |
| **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 Waterford Public Participation Network (PPN)?  *This is a requirement for all grant applications*  Contact: Muriel Tobin, Waterford PPN on 0761 10 2198 YES NO | | | | | | | | |
| **4. CHILD PROTECTION** | | | | | | | | |
| (i) Has your club/organisation attended a certified Child Welfare  & Protection Awareness course? YES NO | | | | | | | | |
| (ii) If yes, name of certifying body: | | |  | | | | | |
| (iii) Please provide names and certificate numbers of club representatives who have Safeguarding (Child Welfare) accreditation: | | | | | | | | |
| **NAME** | | **CERT NO.** | | | | | **DATE** | |
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| **5. GRANT DETAILS** | | | | | | | | | |
| **If you are applying for:** A) New Club Grant (Disability /Swimming/Rowing/Orienteering/Youth at Risk) - ***Please complete Q5A***  B) Club Development Grant (Disability /Swimming/Rowing/Orienteering/Youth at Risk) - ***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 NGB?**  *(please attach written confirmation from your NGB)* | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **(iii) Please give a breakdown and details below of start up costs?** | | | | | | | | | | | |
| **Cost Area** |  | | | | | | | **Amount** | | | |
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|  | | | | | | | |  | | | |
| **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** | | | |
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| **TOTAL** | | | | | | | | **€** | | | |
| **DECLARATION** | | | | | | | | | | | | |
| I hereby certify that I have read and understand the Waterford Sports Participation Club Grant 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 Waterford 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) | | | | |  | **POSITION** | | | | | | |
| **NAME** | | | | |  | **AGE 16 to 20**  **AGE 21+** | | | | | | |
| **NAME (Block Capitals) :** | | | | |  | **DATE:** | | | | | | |
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**IMPORTANT CHECKLIST**

**Please Ensure that you enclose the following with your application**

**AGM Minutes**

**NGB/Disability Organisation Affiliation Letter/Email   
  
Completed or committed to appropriate training**

**IF YOU HAVE ANY QUESTIONS OR FOR MORE INFORMATION   
PLEASE CONTACT THE RELEVANT DEVELOPMENT OFFICER AS FOLLOWS:**

|  |  |  |
| --- | --- | --- |
| **DISABILITY** | **SWIMMING/ROWING/ORIENTEERING** | **YOUTH AT RISK** |
| **Pauline Casey** | **Rachel Sinnott** | **Brian O'Neill** |
| **0761 10 2682** | **0761 10 2199** | **0761 10 2583** |
| **pcasey@waterfordsportspartnership.ie** | **rsinnott@waterfordsportspartnership.ie** | **boneill@waterfordsportspartnership.ie** |

**Completed application forms should be returned to:**

WSP Club Grant

Waterford Sports Partnership, Civic Offices, Dungarvan, Co. Waterford.

# Tel: 0761 10 2430

email: sbrannigan@waterfordsportspartnership.ie

www.waterfordsportspartnership.ie

**CLOSING DATE FOR RECEIPT OF APPLICATIONS   
IS 5PM FRIDAY 18th OCTOBER 2019**

**The decision of the committee is final**

