



LOCAL SPORTS PARTICIPATION SMALL GRANT SCHEME

~ APPLICATION FORM 2021 ~

CLOSING DATE FRIDAY 26th NOVEMBER 2021

NB. Please note that only one application will be accepted per club and the grant application must be signed by the chairperson of the club.

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 Sports Partnership 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 Public Participation Network? 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)				
Totals				

Please complete the following table if you have members with a disability. Please provide the number in each category. This information will enable Carlow Sports Partnership to facilitate links to supports where available.

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)

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

6. Child Protection

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

(ii) Has a rep from your club/group attended a certified Safeguarding Children awareness course? Yes No

If yes, name of rep(s) and number(s) on cert:

***Please Note:** County Carlow Sports Partnership can organise Safeguarding training specifically for your club and at your club location if required. 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 online training on Adapted Physical Activity for People with Disabilities? Yes No

8. Does your club/group have any specific training needs for coaches, volunteers and administrators?

The Sports Partnership may be able to assist in addressing these needs.

Section 3: Use of Small Grant Scheme Funding

9. Specify which population group(s) you will be organizing activities for:

Target Group	Please tick
<i>Youth</i>	
<i>Older Adults</i>	
<i>Women / Girls</i>	
<i>People with a disability</i>	
<i>Ethnic Minorities</i>	
<i>Local community (not current club members)</i>	

10. Outline what your club/group intends to do with the funding:

Description of the activity

Why this target group & how will the activity increase participation of the target group?

Duration and frequency of activity?

Anticipated number of people that will attend the activity?

Who will deliver the activity? (club coaches, external coaches, fitness instructors, tutors, etc.)

What are the resources needed and what resources will the club/group input?

How will you promote the activity and encourage the target group to attend?

12. Are there any costs that can be covered through your club/group either through actual funding or benefit-in-kind?

Cost Area	Amount
TOTAL	€

Section 4: Declaration

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. This application form must be signed by two members of the club/group committee.

FIRST SIGNATURE

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

NAME (Block Capitals): _____

Position: _____

DATE: _____

SECOND SIGNATURE

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

NAME (Block Capitals): _____

Position: _____

DATE: _____

Section 5: GDPR

Application Details: The information collected in this application will be used only for the purpose of this grant scheme. This information will not be shared with any third parties. We will retain this information for 5 years and then it will be deleted.

Contact Details: With regard to your contact details only, do you give your consent for Carlow Sports Partnership to retain your club/group contact details to add to a web-based Carlow Club & Physical Activity Group Directory and to add the email contact to our club database to receive our weekly e-buletin?

Yes No

Completed application forms should be returned to:

Sports Development Small Grant Scheme 2021
Carlow Sports Partnership
Community, Housing, Recreation & Amenity
Department
Carlow County Council
Athy Road
Carlow
R93 E7R7

Mob: 087 2145262

Email: mjduggan@carlowcoco.ie

**Closing date for receipt of applications is
Friday 26th November 2021**

**THE DECISION OF THE COUNTY CARLOW
SPORTS PARTNERSHIP
ADVISORY COMMITTEE IS FINAL**