

SOLIHULL SPORTS COUNCIL
FUNDING APPLICATION FORM

Date:
URN:

Please make sure you refer to the guidance notes provided while you are completing this form.

Please note schools and projects / activities aimed predominantly at young people under-16 years of age are not eligible for small grants from this body.

Question 1. Contact details.

Contact name of applicant.

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Name of Club / Organisation (if applicable).

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Address for correspondence

Telephone

Daytime:	Evening:
Mobile:	E-mail:

Please delete as appropriate

I live in the Borough of Solihull Yes/No

My club / organisation is based / active in the Borough of Solihull Yes/No

My club / organisation is registered on www.solihull.gov.uk/activities Yes/No

Please give details

Question 2. For which type of funding are you applying?

Please Tick

Talented Individual Funding*

Club Promotion Funding

Sports Development Funding

Coach Development Funding*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*Only available to residents of Solihull Borough

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Question 3. What are the main activities of your club / organisation, or you as an individual? If you are a club please state if you have Club Mark¹ or the National Governing Body equivalent or are working towards it.

Question 4. Detail of expenditure (Include VAT where appropriate)

Item/Activity	Amount
	£
	£
	£
	£
	£
	£
	£
Total Amount Requested	£

Question 5. Detail of income and other money raised for this project / activity. Please explain how you or your group normally cover your costs?

Question 6. When will the event(s), activities or project etc. take place?

¹ Club Mark is the Sport England quality scheme for Sports Clubs in England see www.cswsport.org.uk

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Question 7. Please provide your most recent annual accounts.
(This is not applicable if you are an individual)

Account year ending:

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Day Month Year

Total Gross Income	£
Less Total Expenditure	£
Annual Profit / Loss	£
Savings (reserves, cash or investments)	£

Question 8. Your Signature

I confirm that to the best of my knowledge all information given on the application form is true and accurate. I understand that if successful, information about my application for funding may be used for publicity reasons (including the use of photographic images), and displayed on the Internet.

Signed

 Date

Signature of Parent / Guardian, if under 18yrs

Date of Birth

Question 9. Independent Referee's Statement

Title	First name	Surname	Occupation
<table border="1" style="width: 100%; height: 25px;"></table>	<table border="1" style="width: 100%; height: 25px;"></table>	<table border="1" style="width: 100%; height: 25px;"></table>	<table border="1" style="width: 100%; height: 25px;"></table>

Contact address

Postcode:

Telephone:

Daytime:	Evening:
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I confirm that I know this group/individual and its work. I have read this application and support the request for funding and I am willing to discuss this application further. I am also willing to talk about the award at a later date should the application be successful and will provide a written report if required.

Signature

Date

Question 10. National Governing Body of Sport Referee's Statement

Title

First name

Surname

Occupation

Contact address

	Postcode:

Telephone:

Daytime:	Evening:
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I confirm that the organisation or individual applying for this award is affiliated to _____ (National Governing Body) and the activity for which support is sought is in line with our respective Regional / National Development Plans.

Signature

Date

PLEASE TAKE A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL TO:

David Acton, Secretary Solihull Sports Council, PO Box 18, Council House, Solihull B91 9QS

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FOR OFFICIAL USE ONLY

Date received:	Acknowledgement sent:	Entered in log by:
Agreed by:	Outcome:	Amount:
Authorised by:	Notification sent:	Grant Sent: