

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.

Name of Club / Organisation

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](http://www.solihull.gov.uk/activities) Yes/No

Please give details


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

Please Tick

Club Promotion Funding

Sports Development Funding

Coach Development Funding\*

\*Only available to residents of Solihull Borough

**Question 3. What are the main activities of your club / organisation?**

Please state if you have Club Mark<sup>1</sup>, the National Governing Body equivalent, or are working towards it.

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

Item/Activity	Amount
	£
	£
	£
	£
	£
	£

Total Amount Requested

£
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**Question 5. Detail of income and other money raised for this project / activity.**

**Please explain how your Club/Organisation normally cover your costs?**

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

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<sup>1</sup> Club Mark is the Sport England quality scheme for Sports Clubs in England see [www.cswsport.org.uk](http://www.cswsport.org.uk)

**Question 7. Please provide your most recent annual accounts.**

Account year ending: 

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Day            Month    Year

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

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**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 

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                      Date 

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Signature of Parent / Guardian, if under 18yrs 

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Date of Birth 

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**Question 9. Independent Referee's Statement (Please Print)**

Title	First name	Surname	Occupation	
<table border="1" style="width: 100%;"><tr><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td><td style="width: 25%; height: 20px;"></td></tr></table>				

Contact address 

	Postcode:

Telephone: 

Daytime:	Evening:
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I confirm that I know this Club/Organisation 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**  
(Please Print)

Title

First name

Surname

Occupation





Contact address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode: <input type="text"/>

Telephone:

Daytime: <input type="text"/>	Evening: <input type="text"/>
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I confirm that the Club/Organisation 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 Sport Solihull, 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: