APPLICATION FORM COMMUNITY SPORT DEVELOPMENT GRANT



Organisation Details					
Name of Club/Group/Organisation:					
Name of Lead Applicant:					
Address:					
	Post code:				
Email:	Phone:				
About Your Project					
What is the focus of your project? (Tick appropria					
Hosting/organising/co-ordinating coach education course/workshop					
Coach mentoring					
Coach development project					
Officiating					
Committee Development					
Other					
Project overview (please note from the guidance not appropriate): Dates:	Number of participants:				
Who will be the project beneficiaries? (Tiel					
Who will be the project beneficiaries? (Tick	, ,				
Coaches	Other (please provide details)				
Whole club	-				
Partnership of clubs	-				
Community					
Please tell us about the difference your propeople in your local area? (Tick appropriate					
More opportunities	Developing positive role models				
Better quality opportunities	Meets local needs				
Better quality coaches	Other (please detail)				
Better quality club	Carron (product detail)				
Improve partnership	1				
Developing local people					

How will you know that you have made a difference? Please tell us your approaches to evaluate how well it has gone							
cranade now tren it has gone							
Grant request							
Breakdown of projected costs							
Item Description		Cost					
Total cost of project:							
Total grant request:		1					
Match fund/subsidy:		ı					
* Funding for up to 75% of the total project costs is avail	lable, up to a maximum of £500						
I agree to the terms and conditions outli	ined in the Guidance Notes	on behalf c	of my club/	group			
Signed:		Date	Date:				
Please email your completed form to: sha	alliday@liveactive.co.uk						
	Т			1	1		
		_	YES	NO			
Date received:	Decision made			_			
Office use only Date received: Grant awarded: Processed by:	Decision made Further info no Date:		YES	NO			



