

Castlereagh Sports Development Association



Individual – Grant Application Form

Before completing this form please refer to the CSDA's Grant Aid Scheme Guidance Notes.

If you need any assistance completing the form, please contact the Sports Development Officer on (028) 90494552 or email: faronmorrison@castlereagh.gov.uk

Please fill in the form clearly in black ink

1. Contact Details

Name of Applicant _____ Date of Birth _____

Applicant's permanent address (written confirmation **must** be included with application)

_____ Post Code _____

Tel No: _____ Email Address: _____

Sport _____ Governing Body _____

Name of Club represented _____

2. Achievements of Individual in the past two years at the following levels:

A) Local Level

B) National Level

C) International Level

6. Has financial assistance been given or applied for in the past year by:

Sports Northern Ireland	Yes / No	Amount £ _____	Date: _____
Ulster Sport – Recreation Trust	Yes / No	Amount £ _____	Date: _____
Governing Body	Yes / No	Amount £ _____	Date: _____
Sports Lottery Fund (inc. Awards for All)	Yes / No	Amount £ _____	Date: _____
Olympic Association	Yes / No	Amount £ _____	Date: _____
Sponsor	Yes / No	Amount £ _____	Date: _____
Other (please specify)	Yes / No	Amount £ _____	Date: _____

7. Have you received funding from the CSDA before?

Yes/No Amount £..... Date Awarded (DD-MM-YY).....

8. Please give details of any other grant aid/funding application you intend to make

Name of Organisation	Amount for which you are applying
_____	£ _____
_____	£ _____
_____	£ _____

10. Additional information that may support your application:

11. Governing Body of Sport

This section **must be** completed by a representative of the Governing Body the applicant is affiliated to

The CDSA will make contact with the Governing Body detailed below to verify the information you enclose in this application

Governing Body: _____
Contact Name: _____
Contact Address: _____
_____ Post Code: _____
Position: _____
Tel no: _____ Email Address: _____
I confirm that _____ (Applicant) has given accurate information and is worthy of financial support in the category applied for
Signature: _____ Date: _____

12. Must be completed by Applicant

I certify that the attached statements are accurate:	
Signed (Applicant): _____	Date: _____
Signed (Parent/Guardian): _____ (If applicant U18)	Date: _____

CLOSING DATES FOR APPLICATIONS

Applications will be discussed at CSDA committee meetings in June, September, December and March. Forms must be received by the following dates to ensure they are dealt with at the appropriate committee meeting:

- 20th May
- 20th August
- 20th November
- 20th February

Completed forms should be returned to: Sports Development Officer
Lough Moss Leisure Centre
Hillsborough Road
Carryduff
BT8 8HR

PLEASE NOTE

- ✓ All requested supplementary information must be attached
- ✓ All sections must be completed in full
- ✓ You may be called for media opportunities once grant aid has been awarded
- ✓ You may be requested to attend a CSDA meeting to discuss your application before a decision is made. Applicants under 18 should be accompanied by a representative (parent/guardian/coach)
- ✓ Money awarded to applicants will only be paid when receipts for expenditure are received by the CSDA and a post event report is received.
- ✓ Claims for award payments must be received within 12 months of the date of the award

For Official use only:

Date Received:		Date Application Discussed:	
Competition Level:		Amount Awarded:	
Date Informed:		Signed (Member of Panel):	
		Countersigned (Member of Panel):	