

**Laois Sports Partnership**  
**Sports & Physical Activity Grant Scheme 2018**

**Laois Sports Partnership is accepting applications from Sports Clubs/Organisations, Community Groups & Disability Interest Groups / Clubs.** The broad goal of Laois Sports Partnership is to increase participation in sport and physical activity among the population of Laois. As part of our programme of activity the Partnership will provide 3 x €1,000 each once off funding for Flagship project to achieve this goal. The central aim in the provision of grants will be the ability of the organization(s) to generate a long-term return on the monies provided. Two grants will be awarded for general population participation and a further one for increasing participation for people with disability.

*Please see Application Guidelines for full funding criteria. Only 1 Application per Group*

**Name of Lead**

**Organisation/Group:** \_\_\_\_\_

Main Activity of Lead Organisation/Group eg Sports Club, Community Group & Disability Interest Groups/Clubs:

\_\_\_\_\_

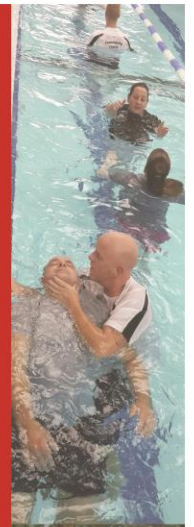
**Name of Contact Person for Correspondence:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_



Contact No: \_\_\_\_\_

Email: \_\_\_\_\_

**1. Please outline the project for which funding is being sought, highlighting how various sections of the community will benefit and how project will generate long-term return on monies provided.**

**2. Please detail an estimate of costings for the project, providing quotations where possible:**

Total Cost: \_\_\_\_\_ Amount of Grant Sought: \_\_\_\_\_

**3. Have your group/organisation applied/received for grant aid funding for this project from other sources:**      Yes       No

If "yes" please state source of funding and status of application:

\_\_\_\_\_  
\_\_\_\_\_

Amount Received: \_\_\_\_\_



**4. Please detail any further information in support of your application.**

*(You may wish to attach letters of support/photos/press clippings etc)*

**5. Are you registered with Laois Public Participation Network?**

*If not please contact [ppn@laoiscoco.ie](mailto:ppn@laoiscoco.ie) for registration form.*

Yes

No

**6. Does your club/organisation have a Child Protection Policy?**

Yes

No

(ii) Has your club/organisation attended Safeguarding 1 Course's?:

Person who attended: \_\_\_\_\_ Approx Date: \_\_\_\_\_

If no, would you be prepared to attend such a course?

Yes

No

**7. Does your club offer opportunities for participation for people with disability?**

Yes

No

Please detail: \_\_\_\_\_

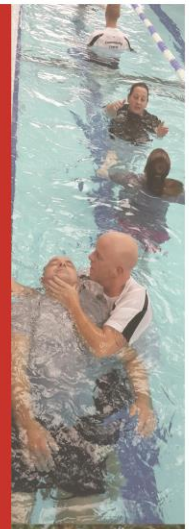
\_\_\_\_\_

\_\_\_\_\_

If no, would you be prepared to attend a workshop on Adapted Physical Activity for People with Disabilities?

Yes

No



## 8. Signatories

(this application to be signed by two members of your club/organisation)

**Statement:** *“To the best of my knowledge the information provided on this form is true and accurate”*

**Signed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Completed application form to be returned by 12.00 noon Friday 30<sup>th</sup> of March 2018 to:

**Laois Sports Partnership**  
**Portlaoise Leisure Centre, Moneyballytyrrell, Portlaoise, Co.Laois**

