



ANTRIM SPORTS ADVISORY ASSOCIATION

Application for Grant Aid

Please complete only for Categories 1 and 2

Name of Individual: _____

Address: _____

Date of Birth: _____

Tel No: _____

Postcode: **BT** _____

Email: _____

Category of Grant Aid requested:

1 **2** *Please tick only one option*

Now please complete your Club details in the following section

Please complete for ALL Applications, ALL Categories

Name of Club: _____

Club Secretary: _____

Tele No: _____

Contact Address: _____

Postcode: **BT** _____

Email: _____

Category of Grant Aid requested:

2 **3** **4** **5** **6**

Please tick only one option

Achievements of Club / Individual in the past 2 years:

Details of purpose for which Grant Aid is applied for:

Breakdown of Costs incurred:

£

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL:

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

- | | | | | |
|--|----------|--------|---------|-------------|
| 1. Sports Council for Northern Ireland | Yes / No | Amount | £ _____ | Date: _____ |
| 2. Ulster Sport - Recreation Trust | Yes / No | Amount | £ _____ | Date: _____ |
| 3. Governing Body | Yes / No | Amount | £ _____ | Date: _____ |
| 4. Sports Lottery Fund (inc. Awards For All) | Yes / No | Amount | £ _____ | Date: _____ |
| 5. British Olympic Association | Yes / No | Amount | £ _____ | Date: _____ |
| 6. Sponsor | Yes / No | Amount | £ _____ | Date: _____ |
| 7. Antrim Borough Council | Yes / No | Amount | £ _____ | Date: _____ |
| 8. Other (please specify) _____ | Yes / No | Amount | £ _____ | Date: _____ |

Please give details of any other application you intend to make to assist with this claim:

Name of Organisation

Amount for which you are applying

£ _____
£ _____
£ _____

An OFFICER of the GOVERNING BODY OF SPORT CONCERNED must complete and sign this section. Applications submitted with this section blank will not be considered by the committee.

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

Categories 1 and 2 for Individual applications must be signed by both the CLUB and the APPLICANT
Categories 2, 3, 4, 5, 6 for Club applications must be signed by an Officer of the Club.

I have enclosed:	Copy of Club Constitution: <input type="checkbox"/>	Copy of Most Recent Accounts: <input type="checkbox"/>
Junior Club applications only:	Copy of Current Child Protection policy: <input type="checkbox"/>	
I certify that the above and attached statements are accurate:		
Signed (Applicant):	_____	Date: _____
Signed (Club):	_____	Date: _____

N.B. All requested supplementary information must be attached. See Grant Criteria.
All sections must be completed.
Inaccurate information will result in the applicant being excluded from grant aid.

Completed forms should be returned to: The Honorary Secretary
 Antrim Sports Advisory Association
 c/o Antrim Forum
 Lough Road
 ANTRIM
 BT41 4DQ

For official use only:

Application received	<input type="checkbox"/>	-	-200
Checked Ok	<input type="checkbox"/>		
Discussed	<input type="checkbox"/>	-	-200

Total Amount Awarded £			
	Date	Amount	Cheque
Instalment 1			
Instalment 2			

