

**SPORT IRELAND  
SPORTS INCLUSION FUND 2019  
APPLICATION FORM**

| SECTION 1 GENERAL ORGANISATION INFORMATION   |   |
|--|---|
| <b>1.1 Organisation Name</b>   |   |
| <b>1.2 Organisation Address</b>  |   |
| <b>1.3 Current Tax Details</b>   |   |
| <b>1.4 Primary Contact Information</b>   |   |
| <b>Name</b>  |   |
| <b>Job title / Role within the NGB</b>   |   |
| <b>Main Contact Number</b>   |   |
| <b>Email address</b>   |   |
| <b>1.5 What is the proposed <u>start date</u> for your project?</b><br><i>Please note only projects that can be commenced and completed within 12 months from fund allocation (2019/20) will be considered</i> |   |
| <b>What is your proposed <u>end date</u> for the project?</b>  |   |
| <b>1.6 Please insert the amount of funding you are seeking under this Dormant Account Fund</b><br><br><i>Maximum fund considered €50,000 (Current)</i>   | € |

**SECTION 2 PROJECT DESCRIPTION**

**2.1 Please provide a concise summary of what you are requesting this Dormant Account Sports Inclusion Fund for (no more than 500 words)**

**2.2 What is the aim of your project?**

**Please highlight the specific outcomes you are looking to achieve (no more than 250 words)**

**2.3 Outline the need for this project (no more than 250 words)**

**2.4 What strand & who is the target group that will benefit from this activity? Please give approximate numbers (please indicate which one or if multiple):**

Action 47: 'Continue to support the work of the National Governing Bodies of sport in implementing programmes to promote physical activity'

Action 48: 'Develop Programmes to address transitions and drop out from physical activity and sport'

Action 49: 'Extend existing and developing programmes for physical activity for people with disabilities and their families (to enhance and deliver a comprehensive health and wellbeing programme)'

| <b>Please tick one or if multiple</b>  | <b>Please tick</b> | <b>Numbers</b> |
|--|--------------------|----------------|
| The personal and social development of people who are economically or socially disadvantaged |                    |                |
| The educational development of persons who are educationally disadvantaged                   |                    |                |
| Persons with a disability  |                    |                |





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**SECTION 4    OUTCOMES**

Please highlight the expected outcomes arising from this support. Legacy Potential of Programme:

- Outline the means by which your programme will become sustainable for your organisation. Please submit steps on how this will be achieved
- How is it proposed that the programme will translate into new members and become self financing

**(No more than 500 words)**

**SECTION 5 PROVIDE AN OUTLINE OF THE PARTNERS WHO WILL BE INVOLVED**

Please indicate the potential partners identified for this project.

| Partner            | Lead   | Joint Lead | Partner | Supporter |
|--------------------|--|------------|---------|-----------|
| <i>Insert Name</i> | <i>Please indicate (tick) if Partner is a lead, joint lead etc</i> |            |         |           |
|                    |  |            |         |           |
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**SECTION 6 MARKETING AND COMMUNICATIONS PLAN**

Please outline your marketing and communication plan for this project  
**(No more than 250 words)**



**SECTION 7 EVALUATION**

Outline NGBs proposed evaluation process and how will outputs be monitored  
**(No more than 250 words)**

### SECTION 8 RESOURCES

Please give the exact amount being applied for under the Sport Ireland Sport's Inclusion DAF?

**8.1 What is the total cost of the project** €

**8.2 What amount of funding is being sought from the Dormant Accounts Fund?** €

**8.3 Provide the total amount of co funding provided by your organisation for this project** €  
 the extent of co-funding will be taken into account as part of the selection criteria.

#### Details of Costings

Provide details of the costs requested

| Heading      | Total |
|--------------|-------|
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| <b>Total</b> | €     |

We declare that the information provided in this Application Form is true and accurate. We hereby apply for a grant for the organisation for 2019 -2020.

The declaration of information must be signed by **two members** of your organisation – CEO, Chairperson, or President along with one other Board member will be accepted. You have the option of scanning in the page and emailing with your Application form or posting the original copy.

Name of Lead NGB: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
CEO/Chairperson/President

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Board Member