Appendix C - Application Form

BOA Sport Development Funding Application

This form must be e-mailed to sportdev@gbuwh.co.uk or posted to the address of the Sport Development Officer. Please read the guidance notes for details on how to apply.

N.B. This application can be filled in and sent electronically. See end of form.

Title of your project:							
Amount of funding required? £							
Date funding is required by?							
Your Name:	Membership No.						
Club / Team & Post Held							
Address:							
Telephone numbers:							
Email(s):							
How long have you been involved with this club /team?							
Please give details of TWO other BOA	members who will assist you.						
Member 1	Member 2						
Membership No.	Membership No.						
Telephone No.s	Telephone No.s						
Email (s)	Email (s)						
Payment will be made by BACS transfer wherever possible. Please give details of who to: -							
Account No.	Sort Code						
Payee (Name)	Relationship to project:						
Address:							
Telephone No.s							
Emails(s)							
Other Information:							

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Please give as much detail as possible to support your application.

Please give details of all external funding that has been applied for.					
Please provide an explanation & practical examples of how your project will operate.					
Give details of ALL those who will benefit from your project and how.					
What are the main aims, objectives and activities of the project?					
Please give details of any past achievements that you feel may enhance your application.					
How will you publicise your project before, during and afterwards?					
Have you received	a grant from the SDI	F before?			
If so what was the t	itle of the project?				
And when was it gra	anted?				
Declaration:					
correct. If the BO in this application as	A is able to provide nd I will provide writt there is no appeals	e a cash grai ten evidence system shou	nt, it will of the pro Id my a p	be used exclusively oject. oplication be refused	the best of my knowledge for the purposes specified
Signed:	la describallo de como 600		Date:		
(It submitted el	ectronically please fill	in your name,	receipt of	email will be taken as ac	ceptance of the above.)

End of Document