

# Greater Manchester Sports Fund

## Application Form



In partnership with



**AGMA**  
ASSOCIATION OF  
GREATER MANCHESTER  
AUTHORITIES



Greater Manchester Sports Partnership

Before completing this application, please make sure you have read the application guidelines and guidance notes. These will help you fill in the form.

Please ensure that **ALL** boxes on this form are completed. To avoid any delays in processing your application we ask you to include all the additional information that is requested in the checklist at the end of this form.

Please be aware that applicants, who have an outstanding End of Grant Form from a previous Greater Manchester Sport Fund application, will be unable to submit any new application for funding until you have returned the information requested.

**Please write clearly in black ink or type and remember to sign and date the form at the end.**

If you have any queries about the application form or application process, please contact us on:

**Telephone: 0161 214 0940**

**Email: [enquiries@communityfoundation.co.uk](mailto:enquiries@communityfoundation.co.uk)**

**Please send your completed application form to:**

**The Community Foundation for Greater Manchester  
5<sup>th</sup> Floor, Speakers House  
39 Deansgate  
Manchester  
M3 2BA**



**Charity Registration Number: 1017504**

OFFICE USE ONLY			
Date Received	ID No.	App No.	Scheme
Name of Applicant			

Is this application for Mainstream or Emergency Funding?
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## About the Applicant

Name	
Date of Birth	Age

Address	
Postcode	

Telephone	
Email	

**1 Please indicate below your preferred method of contact (please tick)**

Telephone  Email  By Letter

Preferred Time of day

**2 Please indicate your ethnic origin below**

Asian or Asian British	Black or Black British	Dual Ethnicity	White
Bangladeshi <input type="checkbox"/>	African <input type="checkbox"/>	Asian and White <input type="checkbox"/>	British <input type="checkbox"/>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Black African and White <input type="checkbox"/>	Irish <input type="checkbox"/>
Pakistani <input type="checkbox"/>	Other Black <input type="checkbox"/>	Black Caribbean and White <input type="checkbox"/>	Eastern European <input type="checkbox"/>
Other Asian <input type="checkbox"/>		Other Dual Ethnicity <input type="checkbox"/>	Other White <input type="checkbox"/>
Gypsies and Travellers <input type="checkbox"/>			

If you wish to describe your ethnic origin in another way, please do so below

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## About your sport

<b>Sport Type</b>	
<b>Name and Address of Club</b>	

**3 Please tell us about your current sporting activities**

<b>Please detail below how you gained entry to recent events/trials?</b>				
Name of Event	Selected through ability/trials	Only open to people of certain standard	Open to all who apply for entry	Other route
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4 Please provide a brief history of your achievements to date in your chosen sport/activity. (e.g. county, national)**

**5 What are your sporting ambitions for the future?**

**6 If you are successful with your application, how will the funding help you achieve your goals?**

## Financial Need

The Greater Manchester Sports Fund was established to help ensure that those athletes who are at risk of failing due to financial restraints are enabled to reach their full potential. To this end, panel prioritises funding to those applicants who can demonstrate that financial pressures are limiting their ambitions, and to whom alternative sources of income are unavailable.

**7 Please tick all boxes which apply to your family circumstances.**

In receipt of Job Seekers Allowance	<input type="checkbox"/>	In receipt of Income Support	<input type="checkbox"/>	In receipt of Housing Benefit	<input type="checkbox"/>
In receipt of Council Tax Benefit	<input type="checkbox"/>	In receipt of Incapacity Benefit	<input type="checkbox"/>	Single parent family	<input type="checkbox"/>
Working Tax Credit	<input type="checkbox"/>				

**8 Please explain in more detail why you and your family have difficulty in financing your sporting activities?**

**9 Have you received funding from Greater Manchester Sports Fund before?**

Yes  No

**If yes, please explain how this funding has helped you achieve success and improve your performance?**

**10 What funds have you received in the last 12 months in relation to your sporting activities?**

Where from	Amount

**11 If you are applying for an Emergency grant, please explain the reason why you need funds quickly. Total costs for Emergency applications should not exceed £250.**

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## Budget

Please provide a start and end date for your grant:

Start Date		End Date	
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**Please note that you cannot apply for funding for events/activities that have already taken place or for items that have already been paid for.**

- The maximum amount you can apply for is £750
- You will have to provide written quotations or catalogue pages for all items of equipment and services totalling £200 and above (i.e. accommodation/equipment)

Type of Cost	Description	£ Amount (Including VAT)
<i>Example : accommodation</i>	<i>3 nights x £38 on 20<sup>th</sup> – 30<sup>th</sup> June 2009</i>	<i>£114</i>
	<b>TOTAL</b>	

<p>If any of your costs relate to overseas travel, how will this help you to progress further in your chosen sport?</p>
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If you are applying for costs towards competition/events, please list these in the table below.

Event	Date

## Bank Details

Please give the account name to which the cheque should be made payable to. This should be your club or other official sporting body who is willing to accept the cheque on your behalf. We cannot make a cheque payable to a personal account.

Account Name		
Bank/Building Society Name		
Bank/Building Society address		
	Postcode	

### Statement from organisation that has agreed to accept the grant for the applicant

I confirm that my organisation has agreed to accept the grant for the applicant's activity. I am authorised to give this permission. I agree to ensure that all the grant funds will be passed on to the applicant to be spent solely for the purpose for which it was given, and that I will account for the grant separately in my organisation's annual accounts.

Name		Position	
Signature		Date	

## Authorised Signature Details

**12 Please ask your local Sports Development Office to complete the section below.  
Or you may enclose a letter of support from the National Governing body for your chosen sport.**

Sports Development Officer			
Contact Address			
		Post Code	
Daytime Tel Number		Mobile Tel Number	
Email address			

How long have you known the applicant? (if applicable)	Months		Years	
I confirm that I have read this application	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			

Please tell us in your own words why you wish to support this application

**I am satisfied that the applicant :**

Is competing at the correct level **Yes**  **No**

Has demonstrated financial need **Yes**  **No**

I confirm that this applicant is eligible to apply for funding from the Greater Manchester Sport Fund and to the best of my knowledge, all information contained within this application is correct.

<b>Signature</b>		<b>Date</b>	
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## Monitoring Information

To help us monitor our grant-making programmes effectively, please complete the following information. This information will be recorded on a database and used to gather general data for reporting purposes. (Please Note: No individual details will be made public without prior consent. Any information you provide will not affect the outcome or your application)

### How did you hear about the Community Foundation?

Recommendation	<input type="checkbox"/>	Who?	
Volunteer Associate Advisor	<input type="checkbox"/>	Who?	
CFGM Website	<input type="checkbox"/>	Leaflet / Poster	<input type="checkbox"/>
Local Newspaper	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>
Radio / Television	<input type="checkbox"/>	Local CVS	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>		

**Please tick the boxes below if you are happy for us**

to pass your details on to other funding bodies?	<input type="checkbox"/>
to send you information about our other funding opportunities?	<input type="checkbox"/>

## Checklist

**This checklist will help you to check that you are sending us a fully completed application. Please tick the boxes below to confirm that you have provided or enclosed the following information:**

Written quotations to support your application	<input type="checkbox"/>
Application signed by nominated authorised signatory or letter of support from relevant National Governing Body	<input type="checkbox"/>
Bank account details of club/organisation that can accept the cheque on behalf of the applicant	<input type="checkbox"/>
Application form signed by parent/guardian if applicant under the age of 18	<input type="checkbox"/>
Make sure you sign the form and keep a copy for your records	<input type="checkbox"/>

## Declaration

**It is essential you understand and agree to sign up to the following statements. Failure to do so may have an impact on future funding.**

1. I certify that the information contained in this application is correct.
2. If the information in the application changes in any way, I will inform the Community Foundation
3. If successful I will not use the grant for any other purpose other than that specified on the grant award letter without first contacting the Community Foundation to seek authorisation.
4. I accept that I may be asked to return this grant should the Community Foundation deem the evidence for spend provided by me in the End of Grant report unsatisfactory. This will also apply if the Community Foundation discovers that money has been spent on items not specified in the original application form and grant offer.
5. I will provide all relevant monitoring and evaluation information and return all original receipts evidencing grant expenditure by the dates specified in the grant award letter. I will photocopy the receipts for my records. Originals will be kept on file by the Community Foundation.
6. I will highlight the support of the Community Foundation and the Greater Manchester Sports Fund in all publicity material and send copies to the Community Foundation at the end of the project.
7. I agree for the Community Foundation to use details about me and the grant awarded for promotional purposes if my request for funding is successful.

<b>Applicant</b> (Person completing this application)		<b>Parent/Guardian</b> (if applicant under 18 yrs)	
I agree to the above terms and conditions		I give my consent for my son/daughter to submit this application for funding	
<b>Signature</b>		<b>Signature</b>	
<b>Full Name</b>		<b>Full Name</b>	
<b>Date</b>		<b>Relationship</b>	
		<b>Date</b>	

Thank you for completing this application

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