



Lewis and Harris Sports Council

Comhairle Spòrs Leòdhais agus Na Hearadh

Lewis Sports Centre Stornoway HS1 2PZ
 Ionad Spors Leodhais Steornabhagh HS1 2PZ
 Tel: 01851 709194 Fax 01851 709199
 Email: smunro@cne-siar.gov.uk

GRANT AID APPLICATION FORM

20010/11

Please refer to the Sports Council Grant Aid Policy Guidelines before completing this form

1 CLUB DETAILS			
NAME OF CLUB/ORGANISATION:			
NAME OF CONTACT:			
ADDRESS:			
POSTCODE:			
TELEPHONE NUMBER:	(Home)	(Work)	(Mobile)
E MAIL ADDRESS			

2 PRESENT MEMBERSHIP DETAILS				
PRE-SCHOOL	PRIMARY	SECONDARY	ADULTS	TOTAL

3 CATEGORY OF APPLICATION (PLEASE TICK)			
START-UP GRANT		SPORTS COACHING DEVELOPMENT	
COACH EDUCATION COURSE (LEWIS & HARRIS)		SPORTS EVENTS	
COACH EDUCATION COURSE (MAINLAND)		EXCELLENCE	
SPORTS EQUIPMENT		DISCRETIONARY ASSISTANCE	

COURSE FEES		
TRAVEL		
ACCOMMODATION		
OTHER		
TOTAL		

8	WHAT IS YOUR CLUB/ORGANISATION'S FINANCIAL CONTRIBUTION?	£
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9 OTHER ASSISTANCE

Please indicate whether financial assistance has been sought from any other body or organisation

ORGANISATION APPROACHED	AMOUNT SOUGHT	AWARDED/PENDING

10 DETAILS OF CLUB/ORGANISATION'S BANK ACCOUNT

NAME OF BANK		
NAMES OF SIGNATORIES	1	(position)
	2	(position)

11 DOCUMENTATION REQUIRED

PLEASE ENSURE THAT THE FOLLOWING INFORMATION IS SUBMITTED WITH YOUR APPLICATION

DOCUMENTATION	SUBMITTED	REASON FOR NON-SUBMISSION
LATEST AUDITED ACCOUNTS		
CURRENT BANK STATEMENT		
MINUTES OF LAST AGM		
ALL RELEVANT QUOTATIONS/INVOICES		

12 On behalf of (Club/Organisation) I hereby apply to the Lewis and Harris Sports Council for financial assistance for the purpose stated above. I have read the Grant Aid Guidelines and I agree to abide by them. I agree to return all monies received from the Sports Council not spent for the above stated purposes.

PRINT NAME

SIGNED

POSITION IN ORGANISATION

DATE

FOR OFFICIAL USE ONLY

1 DATE APPLICATION RECEIVED:	
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2 MEMBERSHIP OF SPORTS COUNCIL UP-TO-DATE:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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3 PREVIOUS GRANT AID AWARDS		
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YEAR	AMOUNT	PURPOSE

4 SPORTS COUNCIL REFERENCE NUMBER	
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5 DATE CONSIDERED BY GRANT AID & FINANCE SUB-COMMITTEE	
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6 GRANT RECOMMENDED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AMOUNT £
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SIGNEDChairperson, Grant Aid & Finance Sub-Committee
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7 GRANT APPROVED BY EXECUTIVE COMMITTEE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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SIGNEDChairperson, Lewis and Harris Sports Council
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8 DATE GRANT AWARDED	
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SIGNED Treasurer, Lewis and Harris Sports Council
