



REVENUE GRANT SCHEME

APPLICATION FOR SPORTS FUNDING

Use this form if you are a Sports Group/Club/School or Association
(For funding for individuals, please complete a Sports Award Scheme Application Form.)

**Please note all Sports Groups/Clubs/Schools and Associations must be based in the
TDI Postcode Area**

**Please read the “Guidance Notes on Funding for Revenue Grants”, carefully before completing
this Application Form**

**PLEASE ANSWER EACH QUESTION IN, BLACK INK, IN THE SPACE PROVIDED
DO NOT SAY, “SEE ATTACHED”.**

1. Name of your Sports Group/Club/School or Association as it appears on your Constitution or Set of Rules.

2. Where is your Sports Group/Club/School or Association based?

3. If you have premises, are they licensed?

4. Details of main contact for this Application.

Name:

Position held in Sports Group/Club/School or Association:

Address:

Postcode:

Telephone:

E-mail:

5. When was your Sports Group/Club/School or Association established?

6. How many Committee members are involved in running your Sports Group/Club/School or Association?

7. What type of Sports Group/Club/School or Association are you?

- Unincorporated Club, Association or Community Group
 Company limited by guarantee
 Company limited by shares
 Trust
 Charity recognised by OSCR Charity Number: SC_____
- Other (give details below)
 Primary School
 Secondary School

8. Is your Sports Group/Club/School or Association a member of a Governing Body of Sport? Yes / No

Name of Governing Body:

Registration Number:

9. What does your Sports Group/Club/School or Association do and what type of activities do you deliver?

10. Tell us how your Sports Group/Club/School or Association encourages, develops or promotes youth sport?

11. Tell us about the membership of your Sports Group/Club/School or Association

MEMBERSHIP	JUNIOR	SENIOR (Under 18)
Numbers		
Fees, Annual	£	£
Fees, Daily/Weekly/Monthly	£	£

12. What are your Bank Account details? (Not relevant for Schools).

Account Name:

Bank or Building Society Name:

Address:

Postcode:

Sort Code:

Account Number:

Roll Number (if applicable):

13. How many people have to sign each cheque or withdrawal from this account?

(Minimum of two required)

List all the people who are authorised to sign each cheque or withdrawal from this account:

Name:

Position in Sports Group/Club or Association:

Name:

Position in Sports Group/Club or Association:

Name:

Position in Sports Group/Club or Association:

Name:

Position in Sports Group/Club or Association:

14. What Grants have you applied for / received in the last 12 months?

(Include Scottish Borders Council Grants, Sports Council Grants, Lottery Grants etc)

Date	Grant Scheme	Project Title	Amount
			£
			£
			£
			£
			£

15. Tell us what your total Savings/Cash or Investments are (all accounts).

(See Application Notes for explanation of "Savings")

£

16. Tell us how your Sports Group/Club/School or Association takes account of equal opportunities legislation.

N.B. If you have an Equal Opportunities Policy, please let us have a copy of it.

17. If your Sports Group/Club/School or Association works with children or vulnerable young adults, tell us about the policies you have in place to protect them.

N.B. If you have a Child Protection Policy, please let us have a copy of it.

TELL US WHAT YOU ARE APPLYING FOR.

18. Name of your Project/Outlay.

19. Tell us about your requirements and what you will actually do with the Grant.

20. Tell us how you know there is a need for your Project/Outlay. Include details of any consultation or research you have undertaken.

21. Tell us about the difference a Grant from The Rowan Boland Memorial Trust will make to the encouragement, development or promotion of youth sport in the TD1 Postcode Area.

22. When is your Project/Outlay due to start?

HOW MUCH MONEY WILL YOU REQUIRE FOR YOUR PROJECT/OUTLAY?

23. What is the total cost of your Project/Outlay?	£
How much do you require from The Rowan Boland Memorial Trust?	£
(Funding limit for Revenue Grants is 50% of the total cost of your request, up to a maximum of £1500).	

24. Give a breakdown of your total Project/Outlay costs.

Items of Expenditure	£
	£
	£
	£
	£
	£
TOTAL	£

**25. Tell us which item(s) of Expenditure The Rowan Boland Memorial Trust will assist with.
(Copies of quotations/estimates must be supplied for the costs you are applying for.)**

	£
	£
	£
	£
	£

26. If the total Project/Outlay cost is more than you are requesting from The Rowan Boland Memorial Trust, tell us where the rest of the money will come from.

Funding Body	Amount Applied For	Progress of Application
	£	
	£	
	£	
	£	
	£	

**27. To what extent will your Sports Group/Club/School or Association contribute to the Project/Outlay?
(Include volunteer time, donations or equipment, if relevant).**

DECLARATION

We wish to apply for a Grant from The Rowan Boland Memorial Trust and have fully examined all other relevant sources of funding. The answers to the questions in this Form accurately reflect our Sports Group/Club/School or Association; its finances; our Project/Outlay and Grant request. We will co-operate with the monitoring and any Public Relations works associated with any Grant made to us and will comply with the Terms & Conditions of the Grant Scheme.

To be signed by the main contact listed in Question 4.

Signed:	Please Print Name:
Position in Sports Group/Club/School or Association:	
Date:	

To be signed by an Office Bearer of the Sports Group/Club/School or Association. (This must be a different person from the one above.)

Signed:	Please Print Name:
Position in Sports Group/Club/School or Association:	
Date:	

To be signed by a representative from the National Governing Body or a member of the Scottish Borders Council Sports Development Team.

Signed:	Please Print Name:
Position held:	
Date:	

IMPORTANT

Your Application can only be considered if all the questions on this Form are completed and the appropriate people have signed the Form. You must also provide documents listed in the following checklist:

- A copy of your Constitution or Set of Rules, dated and signed.
- A copy of your most recent Annual Accounts, dated and signed as approved (these should be no more than 18 months old. New organisations should submit estimates of income and expenditure for the first 12 months).
- Copies of quotations/estimates for the Project /Outlay to be funded.
- Child Protection Policy/Equal Opportunities Policy (if relevant).

Please Note: Constitutions or Set of Rules and Annual Accounts should all be in the same name.

INCOMPLETE FORMS WILL NOT BE CONSIDERED. PLEASE ENSURE YOU HAVE PROVIDED ALL THE INFORMATION REQUIRED.

PLEASE RETURN ALL COMPLETED APPLICATION FORMS TO THE ADDRESS BELOW:

**ROWAN BOLAND MEMORIAL TRUST
8 Balmoral Terrace
Galashiels
TD1 1JQ**