Nithsdale Sports Grants Application for Individuals for one year (2022/2023 – up to £200)

For our use only	
Date received	
Reference	

Please read the Guidance, Criteria and Information document before you start.

If you would like some help understanding this information or need the documents in another format please contact: NithsdaleSportsGrants@dumgal.gov.uk

If you are under 16 years old, an adult should fill in this application on your behalf. Section 1 – About you				
1.1 Please give your full name.				
application, and they show	contact for this application? We will contact this person about your uld also sign the declaration in Section 6. If you are under 16 years an should give their details here and sign the declaration in Section 6			
Your title (please tick):	Mr Mrs Miss Ms Dr Other			
Your name:				
Your address and postcode:				
Your daytime or mobile phone number:				
Your e-mail address:				
We prefer to contact you confirm that you check the	by email. If you have provided an email address above, please tick to e mailbox regularly.			
1.3 In which activity are you especially talented? Sport Please tell us which one in the box below.				
1.4 What is the name of your sporting event, project or activity for which you need funding?				



1.6 Please give the date you need the funding by. If you need the funding to attend an event, please give the date (or dates) of the event. Please attach proof that you will be at the event, for example a copy of your selection letter or appropriate evidence:		
Section 2 – Finance 2.1 Please outline the total cost of your activities in relation to this grant detailed must be eligible in line with the relevant criteria and financial year. costs including VAT. Item		
	£	
2.2 How much do you want us to contribute towards the total cost		
2.2 How much do you want us to contribute towards the total cost shown in question 2.1?	£	

c 3	ame purpose in any financial ye	ear. 		If 'Yes', please give the
Sour	ce of other funding	Amount available or applied for (£)	Has this been confirmed? (Please put 'Yes' or 'No').	date this was approved If 'No', please give the date you expect a decision.
	Total	£		
equi	esting (question 2.2) equals you	ii totai costs (que	Stion 2.1).	
Soct	ion 2 — Background inform	ation		
	ion 3 – Background inform of your answers in Section 3 sl		than one or tw	o paragraphs.
Each		hould be no more Il us your age. The ent or guardian, an	contact person	named in
E ach 3.1	of your answers in Section 3 sl If you are under 16 years old, tel question 1.2 should be your pare	hould be no more Il us your age. The ent or guardian, and orm on your behalf. are you: ng?	contact person	named in so sign the
	of your answers in Section 3 sl If you are under 16 years old, tel question 1.2 should be your pare declaration in Section 6 of the fo If you are 16 years old or over, a in full-time education or training employed full-time? employed part-time?	hould be no more Il us your age. The ent or guardian, and orm on your behalf. are you: ng?	e contact person d they should al	named in so sign the
E ach 3.1	of your answers in Section 3 sl If you are under 16 years old, tel question 1.2 should be your pare declaration in Section 6 of the fo If you are 16 years old or over, a in full-time education or training employed full-time? employed part-time?	hould be no more Il us your age. The ent or guardian, an orm on your behalf. are you: ng?	e contact person d they should al	named in lso sign the
3.1 3.2	of your answers in Section 3 sl If you are under 16 years old, tel question 1.2 should be your pare declaration in Section 6 of the fo If you are 16 years old or over, a in full-time education or trainin employed full-time? employed part-time? doing something else?	hould be no more If us your age. The ent or guardian, an orm on your behalf. are you: ng? Please e achieved to date	e contact person d they should al	the box below.

3.5 Tell us how you see your chosen activity developing within the next 12 months	
3.6 Why do you need financial help from us? Tell us about your circumstances, in anything which affects your ability to achieve your aims. Tell us if you or your parent guardian receive any benefits.	•
3.7 Use this section to tell us anything else about your application. Describe any factivities you carry out. Provide details of anything else you have done to raise mone activities, such as holding events, getting sponsorships and donations, or contributing from your own savings or income. Tell us about any achievements, events, training competitions you have taken part in that are relevant to your application. Mention any	y for your money r
national or international organisations that you are a member of.	
Section 4 – Checklist	
You should keep a copy of the filled-in, signed application and any documents to supplication in case you need them in the future.	oort your
Please tick the appropriate boxes below.	
The contact person named in question 1.2 has signed the declaration in Section 6.	
I have enclosed the supporting documents listed below.	

Section 5 - Bank details

You **do not** need to answer this question if you are applying to a sports council. Give details of the bank or building-society account we should pay your funding into. We prefer to make payments electronically (by BACS), so we need your account details to do this.

Name of ba	nk or building society:	
	Address of bank or building society:	
Sort code:		nt number (if you have a bank account) roll number (building-society account):
Account name:		

Section 6 – Declaration

Make sure that you understand the conditions of the following declaration before you sign it.

- As far as I know, the information in this form is true and accurate. I understand that it may be a criminal offence to receive funding after giving false information, in which case you will cancel the funding and claim back any money I have received. I agree that you can check, with others, the information on this application form and any supporting documents. If you award funding based on the information in this form, I confirm that the activities I carry out will be as described in this form. I agree that you, or your appointed agents, can examine any documents necessary to show that the activities have been carried out. I will meet all your funding conditions shown in the award letter you send me.
- I agree that if there are any changes in the activities not agreed in writing with you, or if the
 activities do not go ahead for any reason, you can claim back all or part of any funding you
 have paid, as appropriate.
- I agree that if my application is successful I will acknowledge your funding contribution in all correspondence and publicity associated with the funding, including letterheads, websites, e-mails etc. I will use your logo preceded by the words, "Supported by".
- I agree that you may make the information I have given on this form available to the public, and you may use it for publicity purposes.

The contact person named in answer to question 1.2 of this form should sign and date the application.

the application.				
Please give the full name of the applicant as at question 1.1.				
Please make sure yo	u sign in blue ink so	we can clearly s	see this	is an original signature.
Your signature:	-	_	Date:	
our name (please print):				

Data Protection Notice

Dumfries and Galloway Council acts as Data Controller for the purposes of the Data Protection Act 1998. We are fully registered under the Act and ensure we comply with the protections the Act affords you. This notice explains how the information you supply will be used, and how you can remove it from our records. Please read this carefully.

How will the information we collect be used?

We require you to provide certain information so that we can adequately assess your funding application. We may also wish to pass your details to others who have specialist knowledge required to deal with your application. So that we can do this we may be required to pass your details to third parties who carry out these services for us.

May we share your personal o Yes	details with our partners	as part of our scoring process?		
We may also wish to use your information to send you marketing information. This may include information on programmes, services, and products we provide such as seminars and training opportunities that may be of interest to you. If you would like to receive marketing information please indicate your preferred format for the marketing communications. Please tick the relevant box (es):				
Telephone Mail	Email 🗌	Do not contact		
better, by providing more tailore better e.g. though internal resea we may pass your details to oth	ed products and services ar arch, data analysis and man her parties who carry out su I like to be contacted for ma	ur products and services to serve you not to help us understand your needs rket research. So that we can do this rveys, questionnaires and customer arket research in the following formats		
Telephone Mail	Email 🗌	Do not contact		
•	ay be of use to you. If you	eel may be able to provide you with would like to receive marketing se tick the relevant box (es): Do not contact		
•	ails to be removed from ou	noved r database please contact Nithsdale		

contact us please tell us your full name and your address including postcode.

Please email your form and documents to:

NithsdaleSportsGrants@dumgal.gov.uk