



CLUB COVID-19 GRANT APPLICATION FORM

Applications will remain open until 31 May 2023.

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| Club Name: | |
|------------|--|
| Region: | |

| 1. | What is the total amount of financial support your club is requesting? Please upload/supply the (i) most recent Bank Statement(s), (ii) latest available Club Accounts (to include Income & Expenditure and Balance Sheet), and where possible, (iii) the latest available budget. | | | |
|------------------------|--|--|--|--|
| | Amount € | | | |
| 2. | Has your club financial resources reduced since start of COVID-19 pandemic (March 2020)? | | | |
| | Yes O No O | | | |
| 3. | B. Details of reductions in income during 2021/2022 with supporting evidenceif available (E.g. Club Membership fees, fundraising activities, etc.) | | | |
| | Reductions in Income Amount € | | | |
| | Club membership fees | | | |
| Fundraising activities | | | | |
| Loss of donations | | | | |
| | Other (Please describe) | | | |
| | Other | | | |
| | Please include any supporting evidence with your application Details: | | | |
| | | | | |

4. Have you received additional funding support in 2022 from local

Government schemes to support Club activity? e.g. Local SportsPartnerships, County Councils

| Additional funding support received Amount | | | |
|--|-----------------------------|------------------------------|--|
| Local Sports Partnership | § | | |
| County Council | | | |
| Other | | | |
| Details: | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| Details on the levels of s | spend anticipated | for return to activity durin | |
| Details on the levels of s | spend anticipated | for return to activity durir | |
| | spend anticipated Amount € | Amount Applying for | |
| 2023 Expenditure Breakdown | Amount | Amount Applying | |
| 2023 Expenditure Breakdown (Please give a description) Standard Venue Costs | Amount | Amount Applying for | |
| Expenditure Breakdown (Please give a description) Standard Venue Costs per week Increased Venue Costs per | Amount | Amount Applying for | |
| Expenditure Breakdown (Please give a description) Standard Venue Costs per week Increased Venue Costs per week, if applicable Extra Costs regarding COVID | Amount | Amount Applying for | |
| Expenditure Breakdown (Please give a description) Standard Venue Costs per week Increased Venue Costs per week, if applicable Extra Costs regarding COVID Safety Measures, if applicable Costs related to participation | Amount | Amount Applying for | |

| Details: | | | | |
|--|---|--|--|--|
| | | | | |
| | | | | |
| 7. Details on any activit deferred, postponed or o | ties or training sessions that will have to be cancelled if funding is not provided | | | |
| Details: | | | | |
| | | | | |
| Please include any other s relevant. | upporting evidence with your application that may be | | | |
| Your Club's Bank Details: | | | | |
| Address of Affiliated Club | | | | |
| Name on Club Bank Account | | | | |
| Address of Club Bank | | | | |
| Bank Branch Name | | | | |
| IBAN | | | | |
| BIC/Swift Code | | | | |

6. An estimation of how long the club's current financial resources could

support the running of the club activities?

Approvals (Please sign below)

| First Person: | | | | |
|---------------------------|--|--|--|--|
| Signature: | | | | |
| Name: | | | | |
| CMT Role: | | | | |
| Date: | | | | |
| | | | | |
| Treasurer or Chairperson: | | | | |
| Signature: | | | | |
| Name: | | | | |
| CMT Role: | | | | |
| Date: | | | | |

BY POST, RETURN TO:

Club COVID-19 Grant Scheme,

Special Olympics Ireland, Sports Ireland Campus, Snugborough Road, Dublin 15. D15 PC63