## Sport Solent in the Community Application Form

There will be two funding rounds per year, bids for the current round must be received by May 15<sup>th</sup> 2016.

Please read the Application Guidelines before completing this form.

Return the completed form to Claire.taylor@solent.ac.uk
Claire Taylor
Management Team Administrator
Solent Sport
Southampton Solent University
East Park Terrace
Southampton
SO14 0YN

Name of group or individual and role within the organisation

Main contact for this application
This must be someone who is authorised to represent your organisation, who can talk about your application and can be contacted during office hours (Mon to Fri, 8.30am to 5pm)

Title First name Last name

Contact address
This is the address we will sent letters to

Regular meeting or activity address If you meet or hold your activates at a different address from your contact address			
Telephone number			
Email			
Q2 - What do you or what does your group do? Max 100 words			
Q3 – What would you like the grant for and why? (i.e what will you be spending the money on and why you feel you meet the criteria) Max 250 words			

Q4 – How much money are you requesting? (Please provide a breakdown of the costs)
25 – Is the money you are requesting the total cost of the project, if not how vill the balance be met? (Include detail of the match funding you are providing) Max 100 works
- Wax 100 works
<b>26 – When is the project or event due to start?</b> (Please give approximate start ate, remember applications may take up to 2 months to process)
Q7 - How many people do you expect to benefit directly from the project and now will you monitor and evaluate the effectiveness? Max 150 words
Q8 - If we can only fund part of the project will it still go ahead? Max 100 words

Q9 – Have you applied for any other funding towards this project and if so was the bid successful? Max 100 works
Q10 – If you are successful how will you ensure the sustainability of the activity being funded? Max 100 works
Declaration
This application is submitted on behalf of the group or individual named in question 1 and all the information is correct to the best of their knowledge.
Declaration has been read. (Please tick the box)
Application checklist
Photocopied/scanned copies of these documents are acceptable.
Annual accounts. (Please tick the box)
Recent bank statements. (Please tick the box)
Bank Account Details Form
Name of Bank or Building Society

Address of Bank or Building Society				
Accoun	t Name			
Account Number				
Sort Co	de			
How many people have to sign each cheque or withdraw from the account?				
Please give details of the signatories (two if necessary)				
Signato	ry 1			
Title	First name	Last name		
Signata	m, 2			
Signato		Looknows		
Title	First name	Last name		