**Inclusive Clubs Fund 2020-21**

**Application Form**

|  |  |
| --- | --- |
| **Club Name:** |  |
| **Activity Type:** |  |
| **Main Contact:** |  |
| **Position:** |  |
| **Email:** |  |
| **Phone:** |  |

**Q 1. Is you club affiliated to a National Governing Body?** (e.g. London FA, British Gymnastics, England Athletics)

Yes [ ]  No [ ]

\*If yes, please provide your Affiliation number:

|  |
| --- |
|  |

**Q 2. Do you have a safeguarding policy?** (if yes please provide a copy when returning the application)

Yes [ ]  No [ ]

**Q 3. Does your Club have ClubMark or the equivalent for your activity?** (e.g. SwimMark, charter standard, GymMark)

Yes [ ]  No [ ]  Working Toward [ ]

**Q 4. How many members/participants does you organisation have?**

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|  |

**Q 5. When and where do activities take place?**

**Q 6. Does Your Club have a formal Constitution?**

Yes [ ]  No [ ]

**Q 7. Does your club have a current development plan?**

Yes [ ]  No [ ]

**Q 8. How will the funding help you to reach the very least active disabled and non-disabled people? 150 words**

**Q 9. How will you ensure your activity is accessible to everyone?** 150 words

**Q 10.** **How will you apply the** [**Talk To Me principles**](http://www.activityalliance.org.uk/how-we-help/research/1878-talk-to-me-october-2014)**?** 150 words

**Q 11. After the funding comes to an end, what is your sustainability plan?** 150 words

**Q 12. At the end of the funding, what does success look like?** max 150 words.

**Q 13. Finance**

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| --- | --- | --- |
| Description | Breakdown | Total |
| I.e. Hall hire  | £35/hr, 1hr/week for 10 weeks  | £350 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total  | £ |
| Other – Income and in kind budget |
| Sessions Fees | £2.50/participant for 8 Participants  | £20 |
|  |  |  |
|  |  |  |
| Total | £ |

Successful applicants will be required to sign a Service Level Agreement (SLA) and provide Haringey Council with required documentation.

**Signature of main contact at the club**

I confirm to the best of my knowledge and belief that all the information provided in this application form is true and correct. I understand that Haringey Council may ask for additional information at any stage of the assessment process.

|  |  |
| --- | --- |
| **Print Name:** |  |
| **Signature**:  |  |
| **Date:**  |  |

Please return application form with supporting information to GetActive@haringey.gov.uk