**CONTACT INFORMATION**

PLEASE NOTE APPLICATIONS CAN ONLY BE ACCEPTED FROM THE CLUB SECRETARY, CHAIRPERSON OR TREASURER

CLUB NAME

CONTACT  
ROLE

FULL ADDRESS

TELEPHONE

EMAIL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| kEY iNFORMATION | | | | | | |
| Your Project | | | | | | |
| Target Age Group(s) 🡪 |  | | Gender 🡪 | | Male / Female / Mixed | |
| no. TEAMS TO BE CREATED 🡪 |  | | Club welfare officer | |  | |
| Team Manager Name🡪 |  | | no. PLAYERS TO BE RECRUITED 🡪 | |  | |
| Team Manager Email 🡪 |  | | | | | |
| Team Manager cONTACT Number 🡪 | |  | | | | |
| Project start date 🡪 | |  | | Project end date 🡪 | |  |
|  | |  | |  | |  |

|  |
| --- |
| SUPPORTING INFORMATION FOR YOUR FUNDING REQUEST |
| Please explain the need for your project? |
|  |
| Please explain how you will recruit players? |
|  |
| How will you ensure the project/new activity continues after our funding ends? |
|  |

|  |  |  |
| --- | --- | --- |
| BREAKDOWN OF PREDICTED COSTS | | |
| ITEM TYPE  (e.g. KIT, EQUIPMENT) | ITEM DESCRIPTION | PREDICTED COST |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |
|  |  | **£** |

|  |  |
| --- | --- |
| FINANCIAL BREAKDOWN | |
| TOTAL PROJECT COST | £ |
| CLUB/PARTNER CONTRIBUTION | £ |
| TOTAL GRANT REQUEST | **£** |

|  |  |  |  |
| --- | --- | --- | --- |
| CONFIRMATION | | | |
| TO THE BEST OF OUR KNOWLEDGE AND BELIEF THE ABOVE DETAILS ARE TRUE AND CORRECT. IF FOUND TO BE INCORRECT OR UNTRUE AT A LATER STAGE, WE AGREE TO REPAY ANY MONIES GRANTED BY THE OFA LTD TO THIS ORGANISATION | | | |
| SIGNATURE |  | DATE |  |

Please return your form to **[Disability@OxfordshireFA.com](mailto:Disability@OxfordshireFA.com)** or contact 01993 894405 for more information