**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 🡪 |  |
|  |  |  |  |

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| 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? |
|  |

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

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

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| 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** or contact 01993 894405 for more information