**SECTION A – ORGANISATION/CLUB DETAILS – TO BE COMPLETED BY ALL APPLICANTS**

**NAME OF ORGANISATION/CLUB:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS OF ORGANISATION/CLUB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EIRCODE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL (for acknowledgement of application):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DESCRIPTION OF ACTIVITES OF ORGANISATION/CLUB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION B – YOUR DETAILS – TO BE COMPLETED BY ALL APPLICANTS**

**NAME OF CONTACT FOR CORRESPONDENCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Position within your organisation/CLUB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORGANISATION/CLUB PROFILE**

In each of the following age categories, please state the number of current active participants (i.e., players) in the organisation/club:

|  |  |  |
| --- | --- | --- |
|  | No. of males | No. of females |
| Under 12 |  |  |
| Ages 12 – 16 |  |  |
| Ages 16 – 20 |  |  |
| Ages 21 – 60 |  |  |
| Over 60 |  |  |

Number of coaches and/or officials in the organisation/club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C – ORGANISATION/CLUB DETAILS – TO BE COMPLETED BY ALL APPLICANTS**

**Please SELECT FROM THE LIST BELOW THE REASON THAT you are applying for FUNDING:**

Pitch improvement works

Playing pitch development (artificial)

Changing Rooms

Indoor Hall works

Security Fencing

Floodlighting

Sports Equipment

Other

**IF you are applying for a grant for improvement WORKS, please answer the following:**

**Brief Description of works:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**please indicate why proposed works are necessary:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE INDICATe THE ESTIMATED Time Frame for works:**

Earliest Start up for works: months from grant approval

Dependent on other grants: Yes No

Completion period of works: months from start of week

**SITE DETAILS:**

Where will the proposed works be carried out?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What interest does your organisation have in the site?

(Please tick relevant box)

Freehold (you own the site)

Leasehold (you lease the site)

Short term licence

If leasehold, please state the number of years remaining on the lease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If short term licence, please state the expiry date of the licence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If applying for sports equipment grant, please give details:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SECTION D – PROJECT COST & FUNDING DETAILS – TO BE COMPLETED BY ALL APPLICANTS**

€

**WHAT IS THE TOTAL COST OF THE PROJECT?**

**BREAKDOWN OF COSTS:**

Pitch improvement works

Playing pitch development (artificial)

Changing Rooms

Indoor Hall works

Security Fencing

Floodlighting

Sports Equipment

Other

**ARE THESE COSTS**

Detailed professional costs

Pretender estimate

Quotation

**NOTE:** You must include written evidence of quotations for works or equipment. You should enclose a copy of any drawings or specifications relevant to your project.

**HOW MUCH FUNDING IS YOUR ORGANISATION SEEKING UNDER THE CITY COUNCIL 2020 SPORTS CAPITAL PROGRAMME?**

€

€

**PROJECT FUNDING**

€

**TOTAL PROJECT COST**

€

**OWN FUNDS**

€

**OTHER SOURCES (please specify)**

€

**CITY COUNCIL GRANT SOUGHT**

**SECTION E – FINANCIAL INFORMATION – TO BE COMPLETED BY ALL APPLICANTS**

**Supplier Set up Application Form**

**PART A – SUPPLIER DETAILS**

SUPPLIER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRISH VAT/TAX REG NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR PPS NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Vat/Tax number required for all registered suppliers. PPS number required if not VAT registered.

NATURE OF BUSINESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHARITY NO. (If applicable CHY reference number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address for remittances =

**PART B- SUPPLIER TYPE**

Grant/Refund Professional Service Construction Service Other Goods/services

VAT RATE =

**Note: Professional Services payments are liable to withholding tax of 20%**

**Note: Construction services invoices must be VAT Free as liable to reverse charge VAT and may be liable to withholding tax.**

**PART C – BANK DETAILS**

**Please note copy of top section of bank statement (do not include transaction details) showing name and account details must accompany this form**

Name and address of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bic/swift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Iban: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internal use only**

Return to: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADRESS =

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONDITIONS of the grant scheme

**(i)    Grant Application**

* The grant application must be from a local sporting organisation or club.
* The grant applicant must be located within the City Boundary or provide evidence that the majority of those using the facility live within the City area as of Jan 1st 2020.
* The grant application form must be completed in full with supporting estimates/quotations attached.
* The applicant must have title to the property which they are enhancing, have a licence or lease greater than 7 years, or provide a letter of comfort from the landlord in relation to title.

**(ii)    Proposed Works**

* Applicants must demonstrate that the proposed works meet a sporting need in the area and are of a capital nature.
* Provide costings and time line for project.

**(iii)    Other**

* Provide evidence of any other funding, evidence of own funding, and copy of previous two years accounts.
* Undertake to refund Cork City Council for any grant given if the facility changes use or ceases to operate.
* An acknowledgement sign will be required to be erected where appropriate.
* Inspections by Cork City Council of works/equipment funded by this scheme must be facilitated by recipients.

OTHER CONDITIONS

**FREEDOM OF INFORMATION**

Please note that information supplied in or accompanying this application may be made available under the Freedom of Information Acts 1997 and 2003.

**DISCRIMINATION**

It is understood that your Organisation/Club does not deny access on the grounds of gender, civil status, family status, age, disability, race, sexual orientation, religious belief, or membership of the Travelling Community without just, reasonable and proper cause.

**CHILD PROTECTION**

It is understood that your Organisation/Club has proper child protection and welfare policies and procedures in place.

APPLICANT STATEMENT

I have completed and read all relevant sections of this application form and confirm that all information provided is truthful and accurate.

**Name (printed)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT

Completed application forms with relevant accompanying material to be returned to:

Administrative Officer, Sports & Sustainability Section, Community Culture & Placemaking, Cork City Council, City Hall, Cork, T12 T997,

Or

Emailed to sports@corkcity.ie

before 5.00pm on Friday 6th March 2020.

For any queries, please phone 021-2389853 or email: sports@corkcity.ie .