**Big Summer of Netball Grant Application Form**

Before you complete this application form, make sure you read and understand the Big Summer of Netball Grants information flyer. We also recommend talking your ideas through with your County Netball Association (CNA) to avoid duplication. You need to complete all sections of this form and once complete should return it to [BigSummerofNetball@englandnetball.co.uk](mailto:BigSummerofNetball@englandnetball.co.uk). All applications should be submitted by the Friday 15th May 2015 to be eligible. Please note funding will be allocated based on the priority criteria as detailed in the Big Summer of Netball Grants information flyer. We will all applicants within 2 weeks of the deadline to confirm if the application has been successful, and those successful applicants will receive the funding within 14 days of your application decision #BigSummerofNetball

**Contact Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation Name |  | | | |
| We are in England Netball’s |  | county |  | region |
| Main Contact Name |  | | | |
| Main Contact Email Address |  | | | |
| Main contact Telephone Number |  | | | |

**Tell us what you want to do?**

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| **Tell us about what to run as part of Big Summer of Netball and why you think it will be successful in your areas** (max 200 words) |
|  |

**Please indicate what funding you are applying for how and many teams do you predict to have involved?** (please refer to the information flyer to determine which grant amount you would be eligible for)

|  |  |  |
| --- | --- | --- |
| **Amount** | **We are applying for** | **How many teams do you predict to have involved?** |
| £1000 |  |  |
| £750 |  |  |
| £500 |  |  |
| £200 |  |  |

**How long will you run the above for?** **Who are the target age group(s)?**

(please indicate all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Duration** |  |  | **Age** |  |
| 1 day |  |  | U12 |  |
| 1 weekend |  |  | 12-14 |  |
| 1-3 weeks |  |  | 14-16 |  |
| 4 weeks |  |  | 16-25 |  |
| 5 weeks |  |  | 26+ |  |
| 6 week |  |  |  |  |
| 7 weeks |  |  |  |  |
| 8 weeks |  |  |  |  |
| More than 8 weeks |  |  |  |  |

**Has this same activity/competition been run before?** Yes No

**Have you spoken with your CNA?** Yes No

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| --- |
| **The funding can be used for any project costs other than items excluded within the Terms & Conditions. Please outline some of your ideas on what you would spend the grant on?** |
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| **How do you plan to attract 16-25 year olds to your planned activity?** |
|  |

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| **Has this activity already been planned / advertised?** Yes No  If yes, your activity will not be eligible to receive a grant. |

I understand the terms and conditions attached with this grant bid and confirm that the above information is true and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |
| Name |  | Position within organisation |  |