

DORMANT ACCOUNTS FUND COMMUNITY SPORTS & PHYSICAL ACTIVITY HUB 2020

EXPRESSION OF INTEREST FORM

This measure of funding will focus on the following:

- **Community Sports and Physical Activity Hubs (CSH's):** A hub centred on participation and where the community is at the heart of it. This includes developing of links between sports clubs, disability groups, schools groups etc. and are:
- **Site Based:** focusing on a centre or venue used to host many clubs in order to maximize participation and improve usage of a centre as well as enhance shared learning among groups and clubs.

THIS EOI IS TARGETED AT COMMUNITY / SPORTING ORGANISATIONS WHO HAVE A CENTRE OR SINGLE-VENUE FOR HOSTING MANY SPORTS OR ACTIVITIES

1. ORGANISATION INFORMATION (GENERAL)

1.1. Organisation Name:

1.2. Address:

Eircode

1.3. Primary Contact Information (Organisation Lead)

Name:

Position:

Contact Tel:

Email:

2. COMMUNITY NEEDS

2.1. Understanding the community needs?

Outline the local need for a Community Sports and Physical Activity Hub (CSH). This should include evidence of readiness of the community to engage and the potential benefits to the community (community groups, organised sports clubs and informal physical activity groups) beyond club development. *NB - maximum of 250 words.*

2.2. How will the development of a CSH in your area build on / enhance your existing work in increasing participation in sport and physical activity among disadvantaged communities?

Please also provide a concise summary of what you are requesting the CSH 2020 fund for. (Ensure you identify the aspects that differentiate it from existing LSP development work / practice.). *NB – maximum of 500 words. (Use separate sheet if required.)*

3. POTENTIAL INITIATIVES

3.1. Give a brief outline of your Project Proposal.

3.2. Please indicate what innovative initiatives are envisaged under your CSH

4. POTENTIAL INITIATIVES – PROJECT DESCRIPTION

4.1. Please highlight the expected outcomes arising from this support in more detail.

This provides an opportunity to expand on the expected outcomes arising from this project. (Outcomes refer to the medium to longer term impact i.e. changes which are expected to come about as a result of the funding. *NB – maximum of 500 words*)

5. EVIDENCE OF ADDITIONALITY

5.1. This section seeks to provide information as to how the CSH will provide supplementary supports and services, in addition to what is already provided in your community. Please outline the additional opportunities which may become available.

6. PARTNERS INFORMATION

6.1. Provide an outline of the partners that will be involved.

(This may include National Governing Bodies of Sport (NGB's), local sports clubs, schools, community and Voluntary Groups where appropriate).

| PARTNERS NAME | RESPONSIBILITY | (PLEASE TICK WHERE APPLICABLE) | | | |
|---------------|----------------|--------------------------------|------------|---------|-----------|
| | | LEAD | JOINT LEAD | PARTNER | SUPPORTER |
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7.2. All applications are required to demonstrate matched funding to a level of 25%.

Either monetary and/or benefit in kind to ensure partnership working. Please indicate any additional **monetary funding** from other sources in the following page.

| PROJECT INCOME BREAKDOWN (please give brief description) | ORGANISATION / SOURCE | MONETARY INCOME € | % TOTAL INCOME? |
|---|-----------------------|-------------------|-----------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| TOTAL INCOME | | € | |

7.3. Please indicate any additional Benefit in Kind from other sources.

| PROJECT INCOME BREAKDOWN (please give brief description) | ORGANISATION / SOURCE | MONETARY INCOME € | % TOTAL INCOME? |
|---|-----------------------|-------------------|-----------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| TOTAL BENEFIT IN KIND | | € | |

8. DECLARATION PAGE

Please tick ✓ to confirm your response

We declare that the information provided in this Application Form is true and accurate

If considered, we are happy to allow Donegal Sports Partnership to include any relevant and utilize the information provided on an application to the Sport Ireland/ Dormant Accounts CSPAH 2020 programme.

SIGNATURES REQUIRED

SIGNATURE:

SIGNATURE:

ROLE IN ORGANISATION

ROLE IN ORGANISATION

DATE:

DATE:

THIS EOI IS TARGETED AT COMMUNITY / SPORTING ORGANISATIONS WHO HAVE A CENTRE OR SINGLE-VENUE FOR HOSTING MANY SPORTS OR ACTIVITIES

CLOSING DATE: THURSDAY 5th MARCH AT 12:00 NOON

(Late applications may not be considered)

Reference Community Sports & Physical Activity Hub EOI in all correspondence.

Completed Expression of Interest forms and/or supplementary information can be:

Email: info@activedonegal.com **AND/OR** **Post to:**

Donegal Sports Partnership,
Office No. 7. River Front House, Pearse Road, Letterkenny, Co. Donegal, F92 T68V

Tel: 074 91 16078 **Email:** info@activedonegal.com