Community Recreation and Sports Division Youth Sports Grants - Conditions of Application

All Clubs must register with the Sports Office to avail of services and grants

- The organisation must be situated within the boundaries of Fingal.
- The organisation must have sport for young people (under 18 years) as its primary focus.
- The organisation must have at least two voluntary youth leaders/coaches working with a ratio that must never exceed 1:10 (leaders: young people)
- The organisation must have a voluntary management committee with elected officers.
- The organisation must have a bank account in its own name and adequate insurance cover for all aspects of their activities.
- The organisation must keep written financial records and registration of members.
 The records must be available to the Sports Office or County Dublin VEC on request.
- The organisation must have recognised Child Protection Procedures in place.
- The group must carry out their activities ensuring compliance with current legislation.
- The organisation must have
 - attended workshops/courses provided by the Sports Office
 - be inclusive, (including ethic minorities/gender equality and people with disabilities)
 - strong grass roots/early development sections

Applications can be downloaded at www.fingalcoco.ie
Find us on Facebook (Sports-partnership Fingal)







Youth Sport Grant - Application Form

or oup/organisation information	
Name of Organisation:	
Chairman:	
Secretary:	
Treasurer:	
Address for correspondence:	
Phone:	Mobile:
Email address:	
Organisation Website:	,
Organisation Facebook/Twitter a/c:	
Aims and Objectives of your group/organi	isation

Activity / Purchase Information Describe the proposed activity or purchase on which your group or organisation intends to use the Youth Sport Grant funding? If a Youth Sports Grant was awarded last year, what were the main benefits to your organisation?

Code of Ethics Information
Have any of your volunteers/mentors/coaches attended a recognised code of ethics course?
Yes No
If Yes what organisation delivered the course? ISC / FCC NGB Other
If other please specify
Specify the date of the training course:
Has your club appointed a Children's Officer? Yes No
If yes state his/her name:
Insurance Details
Is your Group Insured? Yes No
Name of Insurance Company:
Bank Details
Name of Bank:
Address:
Sort code:
Account no.:
DECLARATION
I have read the information form and I understand the conditions of this funding. I hereby declare that the information supplied on this funding application is accurate and complete. I understand that all of the information provided will be retained by Fingal County Council and may be made available to othe departments within the council as deemed appropriate. This form is true and complete to the best of makenowledge.
Name: Signature:
Date: Position: