HERTS SQUASH COACH ACADEMY (HSCA) FUNDING APPLICATION FORM

*Please answer the following questions. Not all questions may be relevant to your project; in such instances, put "N/A". Please return the form to Peter Newman (Herts Squash Chairman) by email at* [*peternewman44@yahoo.co.uk*](mailto:nicdavies@thesquashcompany.com)*. Similarly, please contact Peter if you need help completing the form.*

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| --- | --- |
| Your Name: |  |
| Date of application: |  |
| Current ES Coaching Level: |  |
| Club(s) coaching at: |  |
| Details (including timings) about the project you would like funding assistance for? | |

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| Which club(s) is(are) your project linked to? (Please include a club contact for each club): |

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| What is the overall cost of the project and how much funding support are you applying for? (Note: The more the project is either self-funded or self-funding, the greater the likelihood that funding support will be matched or awarded.) |

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| How does your project fit into the wider development and goals of Herts Squash / HSCA? (Note: In the case of Coaching Qualification assistance, you will be expected to help the County by providing Coaching Services for an agreed number of hours following your course, which will be outlined in your offer). |

Please provide a breakdown of costs. (Note: Please also supply proof of purchase/quotations.)

Actual / Projected (Please indicate):

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Units required** | **Cost per unit** | **Total** |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
|  |  | £ | £ |
| **TOTAL AMOUNT:** |  | N/A | £ |

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| Please detail what elements the funding will pay for and how this will be used in the project (if equipment, please detail figures): |

What is the target number of participants your project is aiming to reach? (Note: You will be required to record and report back on actual numbers as part of the funding.)

|  |  |
| --- | --- |
| **Profile** | **Target Number** |
| Aged 0-13 |  |
| Aged 14-25 |  |
| Aged 26+ |  |
| Male |  |
| Female |  |
| Disability |  |
| Ethnic minority |  |
| White |  |

|  |
| --- |
| What is your plan for retaining particpants reached in this project? |

SIGNED: ………………………………………………. DATE:……………………