

**MINISTRY OF SPORT AND YOUTH AFFAIRS
NATIONAL SPORTING ORGANISATION AND SPORT SERVING BODIES**

All applications are to be submitted two months in advance of the event date.

Date of Application: ____/____/____ day month year	Date of Project/Activity: ____/____/____ day month year	For official use only: Date of receipt of completed application : ____/____/____ day month year
--	---	---

Instructions

- | | |
|--|--|
| <p>1. Please answer questions on this form in BLOCK LETTERS and write with Black or Blue ink.</p> <p>2. Do not leave any fields blank. Put N/A if field does not apply.</p> <p>3. All applicable supporting documents must be submitted along with the completed application form.</p> | <p>4. Additional information should be submitted along with application as necessary.</p> <p>5. Form must be completed, signed and witnessed by the President/Head (Chairman/Chief Executive Officer/ Director/ Owner/Founder, etc) of the organization.</p> |
|--|--|

SECTION A: PROJECT SUMMARY

Name of Project/Activity:	
Venue of Project/Activity:	
Total Budget (TT\$):	Amount Requested from MSYA (TT\$):

SECTION B: INFORMATION ABOUT YOUR ORGANIZATION

Name of Organization:		
Type of Organization: <i>(Tick appropriate box)</i>		
<input type="checkbox"/> Community Council/Community Development Organizations	<input type="checkbox"/> Children and/or youth organization	<input type="checkbox"/> Environmental Organization
<input type="checkbox"/> Women's group	<input type="checkbox"/> Faith-Based Organization (FBO)	<input type="checkbox"/> Sport
<input type="checkbox"/> Non-Governmental/Service Organization (NGO/SO)	<input type="checkbox"/> Cultural Group/Organization	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> National Association/Parent Body		
Mailing Address:		
Phone(s):	Fax:	
Email:	Website:	
Meeting Address (if different from mailing address):		

Date Founded: ____/____/____ day month year	Date of last Annual General Meeting (AGM) ____/____/____ day month year	Not Applicable <input type="checkbox"/>
--	--	---

Incorporation/Registration Status and date of Incorporation/Registration (tick all that apply):

<p><input type="checkbox"/> Incorporated by an Act of Parliament ____/____/____ day month year</p> <p><input type="checkbox"/> Registered with Government Ministry (name) _____ Date of Registration ____/____/____ day month year</p> <p><input type="checkbox"/> Registered with Ministry of Sport and Youth Affairs Date of Registration ____/____/____ day month year</p>	<p><input type="checkbox"/> Registered Not-for-Profit under the Companies Act ____/____/____ day month year</p> <p><input type="checkbox"/> Registered with the National Registry of Artists and Cultural Workers Date of Registration ____/____/____ day month year</p>
---	--

Bank Information:

Does your organization have a bank account in its name? Yes No

Name of Bank: _____

Name on Account: _____

Name of Signatories: _____

Executive contact / Project Liaison Person: <i>First list the two main contact persons for questions on this application</i>		
Name	Position in Group	Telephone Nos.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

SECTION C: INFORMATION ON PREVIOUS SPONSORSHIP/ACTIVITIES

Have you previously received project funding from this Ministry? Yes [] No []

Have you previously received project funding from other Ministries? Yes [] No []

Please indicate the most recent projects for which funding was granted from any Government Ministry?

Source of Funds	Purpose of Funds	Amount \$	Year
1.			
2.			

SECTION D: INFORMATION ON THE PROJECT PROPOSED

Project Title: _____

What is the nature of your activity or project? Choose one from the list below and indicate details where necessary.

- Sport development/competition (clinics, training, camps etc.)
- Sport development/competition (clinics, training, camps etc.) [] Fundraising Event
- Recognition Event (e.g. awards programme)
- Educational (conference, meeting, expo, workshop, seminar etc.) [] Research
- Other (please specify):

Project Site (where will the project take place): _____

Project Duration: _____ days/weeks/months

From: ____/____/____
day month year

To: ____/____/____
day month year

Problem Description (Please explain/describe the problem or community need the project is seeking to address):

Project Objectives (Please list in bullet form what the project hopes to accomplish):

Project Activities (Please list the key activities of the project designed to accomplish stated objectives):

Proposed Beneficiaries (Please describe the target population to be served e.g. Vulnerable children & youth, elders, all community members):

How many of the following are expected to participate in the activity or project? Tick all that apply and indicate in numbers.

Athletes ____ Coaches ____ Match ____ Officials ____ Participants ____ Spectators ____

How many of the following groups will participate in the activity or project? Tick all that apply and indicate in numbers.

Women or girls ____ Persons with disabilities (physical or mental) ____
 Young people (12 – 29 years old) ____ Senior Citizens (Over 60 years old) ____

Collaborators: *(Indicate the organizations or agencies with whom you are partnering on this project)*

Organization/agency	Roles /responsibility

Is the governing body (National Sporting Organisation/international governing body) for the sport/s to be played involved in this event or activity? Yes No

If yes, how is the body involved?

SECTION E: CRITICAL SUCCESS FACTORS

How will you market or publicise the activity to the intended participants? Tick all that may apply and specify where applicable.

- Media Advertising (TV, radio, newspapers, etc.) _____
- New Media Advertising (Internet, podcast, email, etc.) _____
- Printed Material (flyers, posters, brochure) Word of Mouth (gossip, ole talk, phone) _____
- Other _____

How will the event or project be documented? Tick all that may apply.

- Video Photograph Activity Report
- Statistical Recording (scorecards, game sheets, team lists, etc.)
- Or any other Key Performance Indicator requested by the Ministry

SECTION F: INFORMATION ABOUT YOUR PROJECT’S ESTIMATED BUDGET

What is your organization’s financial contribution to the project? \$ _____

Have you applied to any other state agencies and/or private organisations for support to this project? Yes No

If yes, please provide detail:

State Agency/Private Organisation	Purpose of Funds	Amount (\$)	Status			
			All	Part	Nil	DK*

*DK - Don't Know

Total Project Budget: \$ _____ Total amount of funds raised: \$ _____

Amount of funds now requested from the MSYA: \$ _____

Proposed use of funds requested from the MSYA:

Main budget items and associated costs

Budget items	Costs
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
TOTAL	

Donations or in-kind contributions (Volunteers etc)

Good or Services	Provided by	Value

DECLARATION

By signing this application we hereby warrant and undertake that:

- We possess the authority to act on behalf of the Organisation hereinbefore named in relation to the Application for grant funding;
- To the best of our knowledge and belief, the information supplied in this Application is true and correct;
- The grant, if approved, will be applied only to facilitation of the activities outlined in this Application;
- We have read and agree to the Criteria and Requirements for Financial Assistance from the Ministry of Sport and Youth Affairs (hereinafter 'MSYA') which is itemized in the application procedures document;
- We shall submit to the Grants Secretariat, MSYA upon completion of the activities described within this Application, a Project Completion Report along with media including but not limited to, photos, video recordings and audio recordings of the activities described in this Application; and
- We shall permit the MSYA to record in any format, all or any part of the activities outlined within this Application, and/or to obtain all necessary permissions facilitate same, and/or to authorize the MSYA to use any such recordings made by the MSYA or any media submitted by the Application in any form whatsoever for purposes including but not limited to archival, reporting or promotional purposes.

Name: _____ Mobile: _____

Position in Organization/Group: _____

Signature: _____ Date Signed: _____

Official Stamp of Organization/Group

Stamp Here

Name of Witness: _____ Mobile: _____

Position in Organization/Group: _____

Signature: _____ Date Signed: _____

PLEASE RETURN COMPLETED FORM TO:

The Ministry of Sport and Youth Affairs
Level 8, Nicholas Tower, Independence Square, Port of Spain.

FOR OFFICIAL USE

Group Registration Status: _____

Comments on Project: _____

Other Comments (recommend/not recommended and reasons): _____

Assessment criteria evaluation form completed and attached:

(Tick where appropriate and/or insert score)

Yes: [] No: [] Assessment Score: []

Signature and stamp of Supervisor