**VERIFICATION: SPORT, CULTURAL AND RECREATION**

1. **Contact Detail**

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| **Name of Organisation/School/ Club:**  |
| **Physical Address** | **Postal Address** |
| **Name of Contact Person Name**  |  |
| **Contact Number** |  |
| **Tel no:** | **Fax No:** |
| **Email: CO-OP/NGO/FEDERATIONS Registration number** |
| **Total number of members in the group/organisation** |
| **Has you or your organisation submitted an application for Sport Tourism and Cultural Events grants before?** | Yes |  | No |  |
| **Was your application successful?** | Yes |  | No |  |

**2. Purpose of Funding Grant**

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| **2.1 State what this grant is for? How do you intend on using the funds?****…………………………………………………………………………………………………………****…………………………………………………………………………………………………………****…………………………………………………………………………………………………………****…………………………………………………………………………………………………………****…………………………………………………………………………………………………………** |

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| **Questions** | **Yes** | **No** | **Comments** |
| **When was the organisation/business established?** |  |  |  |
| **If an organisation/co-op have a governing body / structure/ executive?** |  |  |  |
| **If an organisation/co-op do you have monitoring and evaluation reporting measures?** |  |  |  |
| **If an organisation/co-op have an active bank account?** |  |  |  |

**Is your declaration of interest form attached to this application? YES NO**

The undersigned persons acknowledge that the information provided is correct

Please write the names in print.

Name: …………………………………………………………………………………………..

Signature:………………………………………………………………………………………

Date:…………………………………………………………………………………………………

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| **CWDM OFFICIAL USE** |
| **Name of official** | **Recommendation** | **Comment** |
| **Yes** | **No** |
|  |  |  | ………………………………………………………………………………………..………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………. |