

# SWIM WALES AQUATIC RECOVERY FUND (SWARF)

# APPLICATION FORM

Application Reference (Internal)		
AFFILIATED CLUB NAME		
AQUATIC SPORT/S		
TOTAL PROJECTS COST (£)	CLUB CONTRIBUTION	TOTAL AMOUNT

# CHECKLIST FOR SUBMISSION

ATTACHED Please Tick ( ✓ )

CLUB DEVELOPMENT PLAN

SIGNED CONSTITUTION

ANNUAL ACCOUNTS (WITHIN PAST 12 MONTHS)

BANK STATEMENT COPY (SCREENSHOT ACCEPTABLE)

- 1. Have you consulted with your facility providers/Local authority regarding your application? Yes/No:
- 2. Has your club completed the Sport Wales Club Assessment Tool? Yes/No:

Date of submission:

3. Has your club applied for any other grant in the past year? Yes/No:

If yes please complete the table on the following page.

If no, please explain why you have chosen to apply for this fund instead?

GRANT NAME	AWARD DECISION FULLY FUNDED/ PART FUNDED/	AMOUNT RECEIVEI Including Contribut	D <b>(£)</b> Club	AWARD DATE	ARE DECISIONS OUTSTANDING? YES/NO	IS ANY ELEMENT OF THIS APPLICATION FEATURED IN
	REJECTED	GRANT	CLUB			THIS GRANT? YES/NO

## 4. What project/s would this application support?

PROJECT ITEM	COST (£)		DESCRIPTION	ELEMENT(S) OF THE CRITERIA THIS MEETS  1. Increase appeal of aquatic clubs 2. Development pathways
PROJECTITEM	TOTAL COST OF PROJECT	AMOUNT BEING APPLIED FOR	DESCRIPTION	3. Increase membership 4. Improve quality of programmes (List criteria number(s) next to each project item)
<b>EXAMPLE:</b> Video analysis equipment	£400	£400	Equipment to help coaches and athletes improve their skills via visual feedback.	1. 3. 4.

5. Please detail HOW and WHY this investment will POSITIVELY IMPACT the club through ONE OR MORE of the following areas; DEVELOPMENT, INCLUSIVITY, INNOVATION and SUSTAINABILITY and WHICH user groups will benefit?

WITHIN YOUR RESPONSE, PLEASE REFER TO THE CRITERIA THE PROJECT ITEMS MEET. (word count guide 500-1000)

6. Club figures (Participation figures not club membership)

PARTICIPANT NUMBERS PRE COVID	CURRENT PARTICIPANT NUMBERS	PARTICIPANT	HOURS		CURRENT POOL HOURS	CURRENT LAND HOURS		LAND HOURS WITH
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### **DECLARATION**

#### **CONFLICT OF INTEREST:**

Is there a conflict of interest Yes/No:

You must declare if you believe there may be a conflict of interest relating to this application. For example where the costs of works, products or services would be supplied by yourself or members of your family.

You must declare that you will provide evidence of using the grant awarded and provide feedback of what the investment has achieved.

#### **DECLARATION AND APPLICATION APPROVED BY:**

	CHAIRPERSON	SECRETARY	TREASURER	HEAD COACH
NAME				
SIGNATURE (Digital acceptable)				
DATE				

#### MAIN CONTACT FOR APPLICATION:

NAME
EMAIL
TELEPHONE

SWIM WALES
NOFIO CYMRU
AGUATIC
RECOVERY
FUND 2021

