

**MINISTRY OF SPORT AND COMMUNITY DEVELOPMENT  
NATIONAL SPORTING ORGANISATION AND SPORT SERVING BODIES**

Date of Application: ____/____/____ day month year	Date of Project/Activity: ____/____/____ day month year	<b>For official use only:</b> Date of receipt of completed application : ____/____/____ day month year
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**Instructions**

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

**SECTION A: PROJECT SUMMARY**

Name of Project/Activity:	
Venue of Project/Activity:	
<b>Total Budget (TT\$):</b>	<b>Amount Requested from MSCD (TT\$):</b>

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

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

**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):*

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

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

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

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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 MSCD: \$ \_\_\_\_\_

Proposed use of funds requested from the MSCD:

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**Main budget items and associated costs**

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

**Donations or in-kind contributions (Volunteers etc)**

<b>Good or Services</b>	<b>Provided by</b>	<b>Value</b>

## 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 Community Development (hereinafter 'MSCD') which is itemized in the application procedures document;
- We shall submit to the Grants Secretariat, MSCD 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 MSCD 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 MSCD to use any such recordings made by the MSCD 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



Name of Witness: \_\_\_\_\_ Mobile: \_\_\_\_\_

Position in Organization/Group: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**  
The Ministry of Sport and Community Development Head Office.

FOR OFFICIAL USE

Group Registration Status: \_\_\_\_\_

Verification of bank information:

Name(s) on Account \_\_\_\_\_

Comments on Project: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments (recommend/not recommended and reasons): \_\_\_\_\_

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\_\_\_\_\_

Assessment criteria evaluation form completed and attached:

*(Tick where appropriate and/or insert score)*

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

\_\_\_\_\_  
Signature and stamp of Supervisor

**CHECKLIST FOR GRANT FUNDING re: SPORTS GROUP/SSBs**

NAME OF APPLICANT: \_\_\_\_\_

<b>NO.</b>	<b>DOCUMENT/ INFORMATION REQUIRED</b>	<b>YES OR NO</b>	<b>COMMENT</b>
1.	Submit the Original Grant Funding Form (completed, signed and stamped)		
2.	Letter/ Proposal of Request for Assistance (Signed, stamped & addressed to the Permanent Secretary)		
3.	Submit a detailed budget for the event/ activity (two quotations for each line item requested from the ministry, original document, stamped and signed). Also where applicable quotation for Registration Fees (original, stamped and signed)		
4.	Submit the address or location of the event, the programme of events where necessary and fixtures that are required. Also, to submit a letter of invitation from the host organization where applicable.		
5.	Submit Certificate of Incorporation and NPO Certificate where applicable from the MLA. The organisation must be registered with the MSCD. Also Letter of endorsement from NGB.		
6.	Submit a copy of the Trinidad and Tobago national ID of the applicant/s. Verify banking information by sending an email with the correct spelling of the organisation name and name on the bank account, or submit a bank statement, white off account number, the document must be stamped and signed by the bank. In the absence of a bank account, submit a letter addressed to the Permanent Secretary on request to pay the supplier/s.		
7.	Submit a list of Executive/ Committee Members and Contact Information, a list of Coaches/Co-ordinators Coach's/ Facilitator's Resume and letters of endorsement where applicable for projects like development programmes/ clinics/ seminars etc. Also a list of Players/ Athletes where applicable.		
8.	Submit a letter of endorsement from the relevant NGB. Submit where applicable parental/guardian consent for participants under 18, Para Athletes, Special Athletes, include copies of the passport bio-data page and/or birth papers where applicable.		
9.	Activity and Financial Report for Previous MSYA and MSCD grants where applicable. Name and picture ID of the person authorised to collect the cheque on behalf of the organisation.		
10.	Please note all documents, certificates etc. must be stamped and signed where necessary.		

Assessed by: \_\_\_\_\_

NAME IN BLOCK LETTERS

\_\_\_\_\_

SIGNATURE