



PLEASE FILL OUT WHERE APPLICABLE

Attach Athlete's Profile

[illegible]



FUNDING INFORMATION

1. Is this the first time you have requested funding from the Ministry of Sport and Community Development?

(Please note: This does not prevent you from applying again for funding with the Ministry)

Yes

No

ABOUT YOUR ACTIVITY

2. What category of activity do you need funding for?

Capacity Building eg. seminars, coaching training,

Developmentally appropriate equipment

Airfare

NSOs of Olympic Sports to obtain a TTOC endorsement on the athlete's behalf

(This is the case as TTOC is the default National Doping Control Agency)

NSOs of Non-Olympic Sports to obtain NGB Endorsement on the athlete's behalf that represents Trinidad and Tobago

Levels of Sporting Activity (relates to LTAD)

☐ Professional

☐ Semi-Professional

☐ Amateur

☐ Competitive

☐ Non-competitive

3. Please provide a detailed description of the activity

(This is your opportunity to "sell" your activity! You can attach whatever materials you like to explain and promote your idea)

4. What do you hope to achieve from this activity?

ABOUT THE GRANT

5. How much funding are you requesting?



(a) No Yes

(b) Details of organisation:_____

(c) Purpose of Funding: _____

Three (3) quotations are to be submitted for each budget line item requested from the ministry from reputable suppliers.



NOMINATION FORM

National Olympic Committee

I, the undersigned, President/Secretary General of the above National Olympic Committee (NOC), propose this athlete to benefit from assistance individual training through the Ministry of Sport and Community Development's, Elite Athletes Assistance Programme or any other available grant funding programme.

Surname: -----

First Name: -----

Title: -----

(President/Secretary General)

Official
Stamp

Signature & Date: -----

Surname: -----

First Name: -----

Title: -----

(Athlete's Commission TIOC)

Official
Stamp

Signature & Date: -----

Surname: -----

First Name: -----

Title: -----

(Vice President for Sport Medicine re Anti-doping)

Official
Stamp

Signature & Date: -----

National Federation

I, the undersigned, President/Secretary General of the above National Federation, certify that the information relating to the athlete which is attached to this application form, is correct and that the athlete has the potential to become a high level performer.

Surname: -----

First Name: -----

Title: -----

(President/Secretary General/Federation Board Representative)

Official
Stamp

Signature & Date: -----

Parental Authorisation

I, the undersigned, representing the parental authorization, fully support this application.

Name/First Name: -----

Signature & Date: -----



ANNUAL TRACKING FORM

Please complete the form in CAPITAL LETTERS

First Name:----- Last Name:-----

Discipline:----- Date:-----

Personal Coach's or Manager's Contact Information

Name:----- Title:-----

Phone No:----- Fax:----- e-mail:-----

PERMANENT TRAINING SCHEDULE

Training Place 1

Name and Address of Permanent Training Facility:-----

Training Time (From – To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

Periods when you train according to the above mentioned, should be filled in with an X on the Training Schedule

Training Place 2

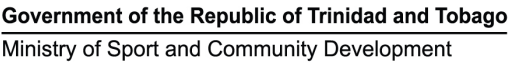
Name and Address of Permanent Training Facility:-----

Training Time (From – To)

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

Periods when you train according to the above mentioned, should be filled in with an X on the Training Schedule

Name of coach or trainer supervising this training:-----



PROGRAMME OF COMPETITION	
1	100m
2	200m
3	400m
4	800m
5	1600m
6	3200m
7	6400m
8	12800m
9	25600m
10	51200m
11	102400m
12	204800m
13	409600m
14	819200m
15	1638400m
16	3276800m
17	6553600m
18	13107200m
19	26214400m
20	52428800m
21	104857600m
22	209715200m
23	419430400m
24	838860800m
25	1677721600m
26	3355443200m
27	6710886400m
28	13421772800m
29	26843545600m
30	53687091200m
31	107374182400m
32	214748364800m
33	429496729600m
34	858993459200m
35	1717986918400m
36	3435973836800m
37	6871947673600m
38	13743895347200m
39	27487790694400m
40	54975581388800m
41	109951162777600m
42	219902325555200m
43	439804651110400m
44	879609302220800m
45	1759218604441600m
46	3518437208883200m
47	7036874417766400m
48	14073748835532800m
49	28147497671065600m
50	56294995342131200m
51	112589990684262400m
52	225179981368524800m
53	450359962737049600m
54	900719925474099200m
55	1801439850948198400m
56	3602879701896396800m
57	7205759403792793600m
58	14411518807585587200m
59	28823037615171174400m
60	57646075230342348800m
61	115292150460684697600m
62	230584300921369395200m
63	461168601842738790400m
64	922337203685477580800m
65	1844674407370955161600m
66	3689348814741910323200m
67	7378697629483820646400m
68	14757395258967641292800m
69	29514790517935282585600m
70	59029581035870565171200m
71	118059162071741130342400m
72	236118324143482260684800m
73	472236648286964521369600m
74	944473296573929042739200m
75	1888946593147858085478400m
76	3777893186295716170956800m
77	7555786372591432341913600m
78	15111572745182864683827200m
79	30223145490365729367654400m
80	60446290980731458735308800m
81	120892581961462917470617600m
82	241785163922925834941235200m
83	483570327845851669882470400m
84	967140655691703339764940800m
85	1934281311383406679529881600m
86	3868562622766813359059763200m
87	7737125245533626718119526400m
88	15474250491067253436239052800m
89	30948500982134506872478105600m
90	61897001964269013744956211200m
91	123794003928538027489912422400m
92	247588007857076054979824844800m
93	495176015714152109959649689600m
94	990352031428304219919299379200m
95	1980704062856608439838598758400m
96	3961408125713216879677197516800m
97	7922816251426433759354395033600m
98	15845632502852867518708790067200m
99	31691265005705735037417580134400m
100	63382530011411470074835160268800m
101	126765060022822940149670320537600m
102	253530120045645880299340641075200m
103	50706024009

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Government of the Republic of Trinidad and Tobago
Ministry of Sport and Community Development

ANNUAL TRAINING SCHEDULE

Please complete using CAPITAL LETTERS
Place a letter representing your location in the appropriate box

First Name:----- Last Name:----- Sport:----- Date:-----

ATHLETE'S ITINERARY /INFORMATION

(A,B,C,D: temporary training address, E: Competition, X: Permanent training address)

Month	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

Name and Address of Temporary Training Facility A

Name and Address of Temporary Training Facility B

Name and Address of Temporary Training Facility C

Name and Address of Temporary Training Facility D

Competition Schedule for February to July 202-- (include venue, dates, etc) E



ANNUAL PERFORMANCE EVALUATION FORM

Please complete the form in CAPITAL LETTERS

First Name:----- Last Name:-----

Discipline:----- Date:-----

Personal Coach's or Manager's Contact Information

Name:----- Title:-----

Phone No:----- Fax:----- e-mail:-----

* Please attached Coaches Report

BEST PERFORMANCES

	20__	20__	20__	20__	REMARKS
Best Times					
Best Performances					
Medals					

MEDICAL / INJURY / ANTIDOPING VIOLATION
--

Has the athlete suffered from any injuries or medical problem in the last two years? If so, please indicate also including Antidoping violations.

* Attach Medical Report

PREVENTATIVE PROGRAMME OF ACTIVITY

Please indicate planned preventative measures to be taken by the athlete to minimise injury.
This segment should request information such as the person's inclusion to the testing pool. Identify number of whereabouts failures so as to protect the Ministry. Identify psychological evaluations or any other rehabilitation consistent with return to competition.

I, the undersigned, on behalf of the Trinidad and Tobago Olympic Committee hereby certify that the information provided in this report is a true and honest representation of the athlete's performance and takes full responsibility for the accuracy of this statement.

(Name, Function and Signature)

(Date)

Official
Stamp

I, the undersigned, on behalf of the (Parent Association) _____ hereby certify that the information provided in this report is a true and honest representation of the athlete's performance.

(Name, Function and Signature)

(Date)

Official
Stamp

DECLARATION

By signing this application we hereby warrant and undertake that:

- 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;
- I 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;
- I 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
- I 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.

AUTHORISATION

I certify that the information given in this application is true and correct (applicants under the age of 18 must obtain the signature of their parents/guardian). I understand that should this application be successful, some of the information herein may be used for promotional purposes.

Applicant

Signature:		Date:	
Printed Name:			

Parent/Guardian (where applicable)

Signature:		Date:	
Printed Name:			

DISCLOSURE NOTICE

Should this application be successful, some of the information in this application form maybe provided to media organisations, youth/sport organisations, Government Ministries, local governing bodies, non-revenue earning State entities and young people for the purpose of promoting and reporting on your activity. Information will be distributed via press releases, promotional material, websites and other departmental publications.

The personal information you provided can be accessed and updated, if necessary, by contacting the Physical Education & Sport Division of the Ministry of Sport.

CHECKLIST FOR INDIVIDUAL/EAAP GRANT FUNDING

Name of Applicant

Discipline

Types of Application

NO.	DOCUMENT/ INFORMATION REQUIRED	TICK	COMMENTS
1.	<p>The athlete's EAAP/ Individual Grant application form must be properly filled out with NGB's and TTOC's endorsement signature and stamp, including signed by the athlete. This would include the submission of the Athlete's Profile, Coach's Report, and Medical Report.</p> <p>I. Detailed Budget showing forecasted expenses'</p> <p>II. Athlete's medical certificate/ report (valid for three (3) months)</p> <p>III. Athlete's training preparation schedule.</p> <p>IV. Report from coaches/ trainer</p> <p>V. Athlete's profile report</p>		
2.	Letter/ Proposal of Request for Assistance (Signed & addressed to the Permanent Secretary)		
3.	Submit a detailed budget for the event/ activity, three quotations for each line item requested from the ministry, must be submitted from reputable service providers from the OPR Registry. Also where applicable quotation for Registration Fees (original, stamped and signed).		
4.	Submit information on applications to other Government Agencies of funding received including evidence of fundraising and a list of sponsors.		
5.	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.		
6.	<p>Submit a letter of endorsement from the relevant NGB.</p> <ul style="list-style-type: none"> Must state 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. 		

	<ul style="list-style-type: none"> • Must state the athlete's current world and national ranking Achievements/ medals for the previous fiscal. Validation of athlete's current world ranking (print and folio the international ranking results) • Athlete's best time. <p>TTOC endorsement letter addressed to be Permanent Secretary</p>		
7.	Submit a copy of Trinidad and Tobago national ID, this would include athletes that are located/ residing abroad and submit a copy of the passport bio-data page, visa page and stamp of departure. Athletes residing within Trinidad and Tobago only submit a copy of their ID.		
8.	Submit a letter of the statement of representative/s, which reside within Trinidad and Tobago (name, telephone number, email address). Submit a copy of the Trinidad and Tobago national ID of the applicant/s. Verify banking information to confirm correct spelling of your name as it appears on your bank account by submitting a bank statement/letter from the bank (<i>white off account number</i>) which must be stamped and signed by the bank.		
9.	Activity and Financial Report for Previous MSYA and MSCD grants where applicable.		
10.	Please note all documents, certificates etc. <u>must</u> be stamped and signed where necessary.		

Assessed by:_____

NAME IN BLOCK LETTERS

SIGNATURE