

London Hockey Futures 2023/2024 Project Application Form

| Contact Details | |
|-------------------------------|--|
| Club/organisation Name | |
| Postcode | |
| Primary Contact Name | |
| Primary Contact Phone Number | |
| Primary Contact Email Address | |

| | |
|-----------------------------------|--|
| Date Submitted | |
| Amount requested (maximum £2,000) | |

| Delivery Partners (school or group) | Address | Postcode |
|-------------------------------------|---------|----------|
| | | |
| | | |
| | | |

To check a location's level of deprivation, use the link below. An area with an 'Index of Multiple Deprivation Decile' of 6 or below can be said to be deprived
<https://imd-by-postcode.opendatacommunities.org/imd/2019>

| Partner Documents |
|-------------------|
| |

| Outline of Planned Activity & Confirmation of School or Community Group Interest / Support |
|--|
| |

| New/additional activity |
|-------------------------|
| |

| Outline Delivery Plan & Projected Numbers | | | |
|--|--|-----------------------------------|--|
| Target Audience (please see cover letter for eligible list) | | Frequency of / Number of Sessions | |
| Estimated Numbers Attending Sessions | | Expected Age of Participants | |
| Planned Start Date for the Activity | | Planned Venue for the Activity | |

| How do you meet our 3 Themes | |
|------------------------------|--|
| Youth | |
| EDI | |

| | |
|--------------------|--|
| Under-served Areas | |
|--------------------|--|

Project Costs for the Delivery Outlined Above

| Item | Project Costs | Amount requested from England Hockey | Club / Partnership funding (cash or in kind) |
|--|---------------|--------------------------------------|--|
| Venue Hire | | | |
| Equipment | | | |
| Coaching / Staffing | | | |
| Other (e.g. Marketing, Participant Incentives) | | | |
| Total Cost per Block of Activity | £0.00 | £0.00 | £0.00 |
| EH Funding Requested | £0.00 | | |
| Club Contribution | £0.00 | | |

What are your plans to generate the club / partnership funding identified above?

Can you please clearly articulate how your project will continue to provide regular opportunities to play hockey for your intended participants beyond the end of the funding period, citing partner commitment

How will you continue to offer hockey to participants once the funded activity has finished? Please clearly identify your exit routes

Please complete the 'Criteria checklist' on the second tab

Details for Payment of Funding (if application successful)

| | |
|----------------------|--|
| Name | |
| Position | |
| Address | |
| Postcode | |
| Contact number | |
| Email | |
| Bank details: | |
| Account Number | |
| Sort Code | |
| Branch Name | |

Budget Holder Only

Funding Decision:

Approved

Rejected

Deferred

Approved by Budget Holder:

<Budget Holder>

Date Approved:

<mm/dd/yyyy>

Internal Comments/ Feedback Only: