**TABLE TENNIS ENGLAND**

**SATELLITE CLUBS**

**Satellite Club Funding**

**Application Form**

**‘Start Up’ Funding 2017-18**

**Completing the Application**

The application should be completed with reference to the Satellite Club Guidance Notes 2017-18. We would also encourage you to seek advice on your application from the Table Tennis England area staff.

The application form is set out into five separate sections detailed below:

**SECTION 1:** Your Organisation

**SECTION 2:** Your Project

**SECTION 3:** Measuring Performance

**SECTION 4:** Finance

**SECTION 5:** Risk

***Applications will be accepted until 5pm Friday 29th September 2017 OR until the 2017 satellite funding allocation has been met (whichever is sooner).***

The application form should be emailed to Claire Brockwell at Table Tennis England:

Claire Brockwell

Clubs and Leagues Officer

[claire.brockwell@tabletennisengland.co.uk](Claire.brockwell@tabletennisengland.co.uk%20%20)

**Before you start**

Please note new satellite projects must target at least one of the following areas;

* Sessions looking to engage and retain women and girls
* Sessions offering innovative ways to improve club experience for young people
* Sessions seeking to offer a regular participation opportunity to those young people who do not regularly play sport

***Secondary criteria are outlined in the Satellite Club Guidance Notes****.*

**Freedom of Information**

The Freedom of Information Act 2000 gives members of the public the right to request any information that we hold.

**Data Protection**

Table Tennis England must comply with the Data Protection Act 1998. We are committed to protecting your privacy and will ensure any personal information is handled properly under the Data Protection Act.

For more information on Freedom of Information and Data Protection, please contact [Claire.Brockwell@tabletennisengland.co.uk](Claire.Brockwell@tabletennisengland.co.uk%20)

**APPLICATION FORM**

**SECTION 1 – Your Organisation**

This section of the application requests general contact details for your organisation and is essential for the accurate assessment and administration of your application.

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Address and Postcode:** |  |
| **Organisation Type:** | (i.e. Sports Club, Partner, Company, School etc) |
| **Lead Project Contact:** |  |
| **Position in Organisation:** |  |
| **Email:** |  |
| **Tel No:** |  |
| **Address and Postcode:** |  |

**SECTION 2 – Your Project**

This section of the application requests general information about the project; where it will be delivered, which partners you will work with and what the project is going to look like.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Satellite project** | |  | |
| **Project Description**  Briefly outline the aims of your project: | | | |
|  | | | |
| **Please tell us the details of the Table Tennis ‘Hub Club’ for this project:** | | | |
| Table Tennis ‘Hub Club’ name | |  | |
| Club address and postcode | |  | |
| Please tick all that apply to the Table Tennis Club: | | | |
| Affiliated PremierClub | Clubmark Accredited | | Ability Club |
| Affiliated (free) Club | Part of the Be TT programme | | Club constitution and safeguarding policy in place (*This is a minimum requirement)* |

|  |  |
| --- | --- |
| **Please tick the age groups that your project is looking to target:** | |
| 11 to 13 years | 16 to 18 years |
| 14 to 15 years | 19 to 25 years |
| Other (please state): | |

|  |  |
| --- | --- |
| **Which satellite club target is your project focusing on?** (please select at least one option) | |
| A new opportunity for women and girls |  |
| Improving club experience for young people |  |
| Providing regular opportunities for less active young people |  |
| Other: | |

|  |
| --- |
| **Local need for Table Tennis Activity – please use the white space below to consider the following points;**   1. Why would you like to set up Table Tennis England satellite sessions? 2. Is there a local need? 3. What other partners will you work with to deliver your project? Eg school / County Sports Partnership 4. **Please detail how you will ensure your session(s) are relevant to the target audience selected in the previous question.** *(Refer to the guidance notes for some hints and tips)* |
|  |
| **Delivery Capability** |
| Do you have coaches / volunteers ready to deliver and support the running of the satellite session(s)? **Yes / No** |
| Can you financially run your satellite for a minimum 30 weeks? **Yes /No** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tell us the specific details of each Satellite:** | | | | |
| **Satellite Venue** | **Post Code** | **Target age group** (11-13, 14-15, 16-18, 18-25 ) | **Satellite Club target**  (women and girls / club experience / regular opportunities for less active) | **Additional notes** |
|  |  |  |  |  |
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| **Sustainability** |
| Do you have training needs for current or new coaches, volunteers and young leaders? **Yes / No** |
| How will you transition young satellite participants to the local hub club? *Eg offer the first X sessions at the hub club for free. Hold one session every X weeks at the hub club etc.* |
|  |

|  |
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| How will you ensure that the sessions developed are sustainable and able to continue beyond the initial funding period? *Eg charge £x per session* |
|  |

**SECTION 3 – YOUR MEASURING PERFORMANCE**

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| --- | --- |
|  | **Estimated Yearly Target** |
| Number of young people engaged |  |
| Number of young people attending regularly (5 or more sessions) |  |
| Number of young people transitioning to hub club or regular participation |  |

This section requires information to show how your project will measure the contribution to delivery of the Table Tennis England satellite programme outcomes.

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| --- | --- | --- |
| **Monitoring**  Who will be responsible for collecting participant registers, weekly attendance registers and reporting term project figures back to Table Tennis England? | | |
| **Name** | **Email** | **Phone Number** |
|  |  |  |

|  |  |
| --- | --- |
| **Accompanying Notes:** | |
| **Project Start Date:** |  |
| **Project End Date:** |  |

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| **Other than essential project development work, costs and/or fees has your organisation begun work, or made any binding commitments to begin work in respect of your project?** |
|  |

**SECTION 4 – FINANCE**

This section should provide a summary of the funding you are requesting and what it will be used for.

|  |  |
| --- | --- |
| **Finance Summary** | |
| **Total Project Cost** | £ |
| **Table Tennis England Funding Award Request**  (Up to £850 per satellite club) | £ |
| **Partnership Funding** | £ |

**Project Costs Breakdown**

|  |  |
| --- | --- |
| Available for new satellite set up only, to include: venue hire, coaching fees, publicity material and participant incentives *(Please ass extra rows if required)* | **Amount (£)** |
| Venue Hire 30 weeks @ £?? Per hour |  |
|  |  |
|  |  |
|  |  |
| **Total:** | £0 |

*Following the first year of funding, there may be an opportunity for successful applicants to access an additional £200 to support training and development of coaches and volunteers. Additional information will be provided in due course.*

|  |  |  |
| --- | --- | --- |
| **Name of organisation/contributor** | **Has this amount been agreed?** | **Amount (£)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total:** | | £ |

**Partnership funding or other cash or in-kind contributions**

**SECTION 5 – RISK**

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| --- |
| **Risk Assessment**  Any identified, concerns, issues or risks you may encounter in your project? |
|  |

We will aim to process applications within 1 month from the date of receipt. During the 1 month assessment period, you may be contacted to provide further information to support your application.

Successful applications will be required to sign and complete a service level agreement.

Thank you for completing your Table Tennis England satellite club funding application