

**APPLICATION FORM**  
**for 2026 Aviva Stadium Community Grants Scheme**

**PLEASE NOTE: All sections of form must be completed. If there is any section where you do not have information (e.g. B3) please indicate that this is the case.**

**A.1 Name of Organisation / Group**

Address

Phone

E-mail Address

**A.2 Contact name for all correspondence**

Name

Address

Mobile

Phone

E-mail address

Role of contact person in Organisation / Group

**A.3 Contact name of second person involved in Organisation / Group**

Name

Address

Mobile

Phone

E-mail address

Role of contact person in Organisation / Group

**A.4 What is your organisation (please tick appropriate box)?**

Registered club	<input type="checkbox"/>	Voluntary Organisation	<input type="checkbox"/>
School / college	<input type="checkbox"/>	Charitable Organisation	<input type="checkbox"/>
Religious institution	<input type="checkbox"/>	Other (please detail)	<input type="checkbox"/>

**A.5 What sector is your organization in (please tick appropriate box)?**

Sports and recreation	<input type="checkbox"/>	Arts	<input type="checkbox"/>
Education and training	<input type="checkbox"/>	Community	<input type="checkbox"/>
Residents Association	<input type="checkbox"/>	Environmental	<input type="checkbox"/>
Heritage	<input type="checkbox"/>	Business	<input type="checkbox"/>
Other (please detail)	<input type="checkbox"/>		

**A.6 Participant Details (please enter details as appropriate)**

**Please note that participant refers to the members of your group that will be impacted by any payment for which the grant being applied for relates to.**

**Number of participants:**

**Participant age groups:**

**A.7. Do all members of your group know that the Stadium Community Fund has given a grant towards the activity they are participating in? Yes? No? How do you inform them of this?**

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**A.8. Payment Details. All grants are paid by cheque. Successful applicants will need to have a bank, post office or financial account in the name of the group or organization. Please give Account Name that grant will be paid into.**  
**Account Name** \_\_\_\_\_

**A.9 Please provide a brief overview of your Organisation / Group and describe its day-to-day activities. (Maximum 100 words)**

**A.10 Please indicate your Organisation / Groups structure  
(ie :- Company Limited by Guarantee, Co-Operative, Constitution,  
Trust or other. Please specify:**

**A.11 How does your Organisation / Group fund existing activities:**

**A.12 Have you a Tax Reference Number or Charitable Status (CHY)**

**Yes                      No**

**If Yes please give details:**

Tax Reference Number:

Charitable Status Number:

Employer Registration Number:

**Details of Project**

**B.1 Please describe the proposed projects in detail**

**(Additional information may be attached)**

Start Date:

End Date:

Item Cost

**B.2 Amount of grant sought?**

**B.3 Has your Organisation / Group applied for any other funding in relation to this project. If so, please give details.**

**Declaration:**

On behalf of \_\_\_\_\_ I confirm that I have read and accept on behalf of the applicant the terms and conditions applicable to the Aviva Stadium Community Fund Scheme. I acknowledge that any funds awarded must be used for the purpose stated. I further confirm that I am duly authorised to make this application on behalf of the applicant Organisation / Group and that the information given in this application is true. I have read and accept the terms and conditions.

Signed

Name:

Date: