Satellite Club Delivery Framework April 2019 - March 2021



	SATELLITE CLUB DEL	IVERER DETAILS			SATELLITE CLUB VENUE DETA	AILS
Name:				Venue:		
Email:				Contact name:		
Phone number:				Contact Email:		
Contact #2 name:				Contact number:		
Email:				Venue Address (inc post code):		
Phone number:				post codej.		
r none namber.				Hub Club info (name &		
Satellite Club Sport(s):				address):		
Satemite clas sport(s).				uduressj.		
DELIVERY DATES						
Year 1:				Year 2:		
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Satellite Club Decription - tell us whom you are targetting, their age, type of activity and why?						
Sustainability - tell us he	ow you will ensure partic	ipants are retained at t	he end of the projec	t and how your club will co	ntinue to deliver activity following th	e funded period.
Insight - tell us what evi	dence you've captured t	hat clearly demonstrate	s demand for your p	roject e.g. focus groups, su	rvey, social media etc.	
Outcomes - tell us what	outcomes your project v	will seek to deliver e.g. i	improvement to you	ng people's activity levels,	mental health or physical well being	
National Governing Bod	y (NGB) or other relevan	t partner supporting pro	oject			
	DARTIC	IDANT DDOEILE +oli	Lue the ages of w	oung noonle vou are se	eeking to engage with?	
	Year 1 *	Year 2 **	Tus the ages of y		ninimum of 12 participants	
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Ago:			+			
Age:			_		minimum of 6 additional participants	
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Male: Female:			- - - -			
Male:						
Male: Female:			FINANCIALI	** In year 2 we ask for a		
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Male: Female:	Year 1	tail	FINANCIAL I	** In year 2 we ask for a		Amount
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Male: Female: Total: Expenditure Coaching:	De	tail		** In year 2 we ask for a NFORMATION Expenditure Coaching:	minimum of 6 additional participants Year 2 Detail	
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