**Project and Impact Form**

KiwiSport Waikato “**Community Partnership Fund”** Application Form

Organisation name: Click here to enter text.

Project Name: Click here to enter text.

*Project Information*

1. **When will your project be run and who will it target?**

Please indicate in the boxes below **how many sessions, the average duration and who will be targeted** in each setting.

*(Eg After School - 30 sessions average 90 minutes durations, ages 13-15)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Setting** | ***Number of sessions*** | ***Average duration of sessions (minutes)*** | ***Who will sessions be delivered to?******(e.g. ages 13,14,15, teachers, Club, Parents, Coaches, Volunteers, other)***  |
| **Before School** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **After School** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Lunchtime** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **During Curriculum** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Weekend** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Holidays** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **From the information provided in the above question please calculate the total number of delivery hours across all settings?**

Total number of delivery hours (number of sessions x average duration) = Click here to enter text.

*Project Impact & Outcomes*

1. **Please provide any relevant baseline figures and the anticipated growth as a result of your project?**

|  |  |  |
| --- | --- | --- |
|  | **Baseline figures** | **Anticipated growth** |
| **Club membership (current or previous season)** | Click here to enter text. | Click here to enter text. |
| **Number of club teams** | Click here to enter text. | Click here to enter text. |
| **Number of school teams** | Click here to enter text. | Click here to enter text. |
| **Number of coaches** | Click here to enter text. | Click here to enter text. |
| **No. of qualified coaches** | Click here to enter text. | Click here to enter text. |
| **No. of participants involved with your sport** | Click here to enter text. | Click here to enter text. |
| **Other please specify** | Click here to enter text. | Click here to enter text. |

**Please provide any other relevant information regarding the anticipated impact or outcomes as a result of the project.**

Click here to enter text.