



NORFOLK COUNTY NETBALL ASSOCIATION

Financial Support Fund



NCNA are committed to supporting people who genuinely experience financial hardship and have agreed a fund of £800 to be available annually, with a maximum limit of £100 per person, per financial year (May – April).

What will the Support Fund Cover?

The fund will not pay out cash payments, all requests must be for a fee or service that we can pay on the members behalf, relating only to Norfolk County Netball. For example: Academy fees or kit, affiliation, coaching, courses etc.

Who Qualifies?

To qualify you must be affiliated to England Netball and registered to Norfolk County Netball, however if this is the reason for the application i.e. assistance to affiliate is required then we would not exclude the request on this basis.

How to Apply

Applications for a support fund payment must be made via the Support Fund Request Form and supported by a Norfolk County Committee Member. These should be sent to the Norfolk County Treasurer along with any supporting documents (e.g proof of costs). The request will be assessed by the Executive Committee who will vote on the request to either approve or decline. If declined a valid reason will be provided.

Terms and Conditions

If the support payment relates to physical goods such as kit this kit remains the property of NCNA and if the member decides to leave/not continue with the club then this must be returned.

All payments will be one off payments for that season/year/course without commitment to paying for future or ongoing fees. Each request will be treated individually and members will need to re-apply if they require further funding.



NORFOLK COUNTY NETBALL ASSOCIATION

Financial Support Fund Application Form



Please send completed form, with the supporting documentation, to the Norfolk County Treasurer via email: norfolkcountytreasurer@yahoo.com

Members Name:				Affiliation No:			
Address:				Contact No.			
Email:							
Supporting Committee Member:				Amount Requested:		£	
Reason for request (please tick):							
Kit / Uniform	<input type="checkbox"/>	Club Fees	<input type="checkbox"/>	Affiliation	<input type="checkbox"/>	Courses	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	Umpiring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)							
Personal Statement:							
Please provide details as to why you are requesting financial support, including the benefit to both yourself and the county.							
Other Funding:							
Please list other organisations you have approached for support / details of any support received.							

I declare that the information I have provided is accurate and I consent to NCNA to using this information to process my request for financial support.

Name:		Date:	
Signature:			

County use only:

Date request received:		Date sent to committee:	
Outcome:		Amount agreed:	
Date paid:			