**APPLICATION MUST BE RECEIVED BY NOON ON THE MONDAY PRECEDING FINANCE COMMITTEE MEETING**

**EDINBURGH UNIVERSITY SPORTS UNION**

**APPLICATION TO THE EQUIPMENT FUND**

Please complete this form in full, supplying all relevant details. A form which does not supply sufficient information may be returned by the Finance Committee.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Club Details** | | | | |
|  | | |  | |
| Club | …………………………………………………………. | | | |
|  | |  | | |
| Number of Members | | …………. | | |
| Membership Fee | | …………. | | |
| Has your club applied to the Equipment Fund in the past three years? | | | | Yes/No |
| Bank Balance as at 1st September of previous academic year. | | | | £………… |
| Bank Balance as at 1st September of this academic year. | | | | £………… |
| Bank Balance of most recent bank statement:   * Please specify the month and year | | | | £…………  ……./…… |

|  |  |
| --- | --- |
| **Application for** | **£** |

|  |  |  |
| --- | --- | --- |
| **Equipment Details** | | |
|  |  | |
| Item | …………………………………………………  (If more than one item is being applied for please give the information below for each item on additional sheets and attach to this application.) | |
|  |  | |
| Cost (incl. VAT) | £…………. | |
| Delivery | £…………. | |
| **Total Cost** | **£………….** | |
|  |  | |
| Retailer | ……………………………………………… | |
| What is the recommended life expectancy of this item of equipment? | | ……... |
|  |  | |

|  |
| --- |
| **List of equipment items and justification for the cost/choice of retailer** |
| Please create and attach an additional sheet following the example guidelines below, detailing the equipment items you intend to purchase. Try and provide at least 3 quotes where possible. Where this is not possible, please specify a reason e.g. specialised equipment. Please provide a description of the purpose of the items, which could inform an informed party adequately of its use.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Equipment Item  Name + Description | Quote 1 | | Quote 2 | | Quote 3 | | | Retailer | Cost | Retailer | Cost | Retailer | Cost | | e.g. Football Boots | JJB | £40 | Sports Direct | £35 | Nike Store | £29.99 | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |

|  |
| --- |
| **Justification – Why your Club needs this item of equipment** |
| Please explain the need for this new item of equipment, notably with reference to your existing equipment. |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| **Financial Plan** |
| Please demonstrate your ability to match the funding for this item of equipment, e.g. actual income last year, and projected income this year. Please detail fundraising plans for the year to meet this cost. |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |

|  |
| --- |
| **Maintenance & Repair** |
| How will you go about ensuring you are able to maintain and repair and eventually replace this item of equipment? How does it fit within your long term replacement plan? |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |

|  |
| --- |
| **Further Financial Implications** |
| What further financial implications, if any, will result from this new item of equipment? For example, what are the storage arrangements for the item of equipment? |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |

|  |
| --- |
| **Any other relevant Information** |
| Please provide any other relevant information that will assist with your application. |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |
| ………………………………………………………………………………………… |

# Signed:

Club Captain

Print name: …………………......... Signature: ………….........................

Club Treasurer

Print name: ………………………. Signature: ………….........................

Equipment Officer (if equivalent please specify ……………………………..................)

Print name: ………………………. Signature: ………….........................

# Application Guidelines

This application is intended for ‘one-off’ purchases. The level of funding is entirely at the discretion of the Finance Committee, who will assess the extent of benefit provided by potential equipment purchases. Generic items of equipment, such as cones, foam rollers and resistance bands, will not be funded.

To increase the likelihood of your application being approved, please specify the need for the equipment and its benefit to the club, and the implications of purchasing the equipment, e.g. financing, maintenance and repair, and other financial implications.

Applications can be made retrospectively for equipment already purchased. Where possible, please include requested quotes, evidence of prices or proof of payment to support the application.