

1. THE APPLICANT'S BASIC INFORMATION (the decision will be sent to this address)

Applicant <input type="checkbox"/> Youth association/chapter <input type="checkbox"/> Youth activity group		
The official name of the association/activity group		Business ID
Registration year	Registration number	Domicile
Postal address		Postal code and post office
Email		Website
Bank account number (IBAN)		

2. ACTIVITIES AND OPERATING AREA

Activities <input type="checkbox"/> Guiding and Scouting <input type="checkbox"/> Activities for preteens <input type="checkbox"/> Political youth and student activities <input type="checkbox"/> Hobby clubs <input type="checkbox"/> Spiritual activities <input type="checkbox"/> Other, please specify:		
Operating area <input type="checkbox"/> Espoonlahti <input type="checkbox"/> Central Espoo <input type="checkbox"/> Matinkylä-Olari <input type="checkbox"/> Northern Espoo <input type="checkbox"/> Greater Leppävaara <input type="checkbox"/> Tapiola		

3. THE GRANT FOR WHICH YOU ARE APPLYING AND ITS INTENDED USE

Targeted grant (in EUR)
Its intended use, time and place (submit a separate attachment, if necessary)

4. BOARD/STEERING GROUP/ACTION GROUP MEMBERS

Chairperson		<input type="checkbox"/> Authorised to sign on behalf of the board/steering group/action group	
Personal identity code	Telephone	Email	
Postal address		Postal code and post office	
Secretary		<input type="checkbox"/> Authorised to sign on behalf of the board/steering group/action group	
Personal identity code	Telephone	Email	
Postal address		Postal code and post office	
Treasurer		<input type="checkbox"/> Authorised to sign on behalf of the board/steering group/action group	
Personal identity code	Telephone	Email	
Postal address		Postal code and post office	
Other members (if authorised to sign on behalf of the board/steering group/action group, e.g. vice-chairperson)		<input type="checkbox"/> Authorised to sign on behalf of the board/steering group/action group	
Mail recipient			
Mail to the association/action group should be sent to:			
Postal mail (select max. 2):		Email (select max. 2):	
<input type="checkbox"/> the applicant named in section 1	<input type="checkbox"/> the chairperson	<input type="checkbox"/> the applicant named in section 1	<input type="checkbox"/> the chairperson
<input type="checkbox"/> the secretary	<input type="checkbox"/> the treasurer	<input type="checkbox"/> the secretary	<input type="checkbox"/> the treasurer

5. NUMBER OF MEMBERS (exact number at the beginning of the year, not an estimate)

The number of Espoo residents who are members or comparable to members of the association or activity group			
	Girls (members)	Boys (members)	Total (members)
Persons aged 7–20			
Persons aged 21–28			
Total			

6. PARTICIPANTS

Number of Espoo residents who participate in the activities			
	Girls (members)	Boys (members)	Total (members)
Persons aged 7–20			
Persons aged 21–28			
Total			

7. BUDGET

Costs in EUR (e.g. arts and crafts materials EUR 50)	EUR	Revenue in EUR (e.g. participation fees EUR 110)	EUR
Total		Total	

8. APPLICANT’S SIGNATURE (according to the rules) AND SOURCE OF FURTHER INFORMATION

By signing this application, the applicant agrees to provide a comprehensive statement of the realisation of the project finances, by the date specified in the grant decision. The applicant also agrees to return the grant sum if they neglect the instructions on the grants of the Sports and Exercise and Youth Committee. The applicant also agrees to keep their accounts and administration open for auditing by the City of Espoo.

Place and date	Signature and name in block letters	Potential other signature and name in block letters
Further information concerning this application: name, address and telephone number		