



National Olympic Committee

IMPORTANT: this form, duly completed and signed, should be sent to Olympic Solidarity *in electronic format* at the very latest two (2) months after the completion of the project.

Activity 1

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY End date: DD/MM/YYYY

Total amount spent:



Activity 2

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Total amount spent:



Activity 3

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Total amount spent:



Activity 4

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Total amount spent:



Activity 5

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

| | | | |
|---------------------|------------|-----------|------------|
| Start date: | DD/MM/YYYY | End date: | DD/MM/YYYY |
| Total amount spent: | | | |



Activity 6

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Total amount spent:



Activity 7

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Total amount spent:



Activity 8

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Total amount spent:



Activity 9

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
| Organisation of events Please list dates, location, description, nature of expenses. | <input type="checkbox"/> |
| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Total amount spent:



Activity 10

Title of Activity: *(please copy from the application)*

Please select the category which corresponds the closest to your Activity:

| | |
|--|--------------------------|
| Direct subsidies to athletes, national federations or other sport organisations Please list all athletes (name, sport) or organisations, stipend amount per what period / nature of support. | <input type="checkbox"/> |
| Hosting of or participation in national and international competitions Please list sport, name/type of event, location, dates, expenses covered, function(s) of participant(s). | <input type="checkbox"/> |
| Coaching/professional services Please list coach (sport)/service provider, nature of services, rate and period. | <input type="checkbox"/> |
| Purchase/rent/repair of sport equipment or facilities Please list sport, equipment/facility concerned, type of expenses covered. | <input type="checkbox"/> |
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| Extra costs of projects supported through other organisations / programmes Please list name of project supported, through which programme, indicative amount and/or nature of expense. | <input type="checkbox"/> |
| Participation in statutory meetings Please list name/type of event, location, dates, type of expenses covered, name and function of participant. | <input type="checkbox"/> |
| Membership fees Please list organisation, period, rate. | <input type="checkbox"/> |
| Other Please list all the pertinent information. | <input type="checkbox"/> |

*Please describe the implementation of your Activity, outlining all the completed actions.
 Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Total amount spent:

Olympic Solidarity Online Platform
NOC Activities
Report form



I, the undersigned, President/Secretary General of the above-mentioned NOC, certify that the information provided above is true and accurate.

Name, function (President or Secretary General) and signature:

Date:

Stamp