



**National Olympic Committee**

**IMPORTANT:** in order for this request to be taken into consideration, this form, duly completed and signed, should be sent to PASO *in electronic format* at the very latest two (2) months prior to the start of the project.

**ACTIVITY 1**

**Title of Activity:**

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

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

*Please include the information listed under your choice above.*

Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Person(s) / organisation(s)  
responsible for implementation:

Total budget requested:



## ACTIVITY 2

**Title of Activity:**

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

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<b>Membership fees</b> Please list organisation, period, rate.	<input type="checkbox"/>
<b>Other</b> Please list all the pertinent information.	<input type="checkbox"/>

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Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Person(s) / organisation(s)  
responsible for implementation:

Total budget requested:



### ACTIVITY 3

**Title of Activity:**

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<b>Coaching/professional services</b> Please list coach (sport)/service provider, nature of services, rate and period.	<input type="checkbox"/>
<b>Purchase/rent/repair of sport equipment or facilities</b> Please list sport, equipment/facility concerned, type of expenses to be covered.	<input type="checkbox"/>
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<b>Membership fees</b> Please list organisation, period, rate.	<input type="checkbox"/>
<b>Other</b> Please list all the pertinent information.	<input type="checkbox"/>

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Start date: DD/MM/YYYY

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Person(s) / organisation(s)  
 responsible for implementation:

Total budget requested:



#### ACTIVITY 4

**Title of Activity:**

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<b>Coaching/professional services</b> Please list coach (sport)/service provider, nature of services, rate and period.	<input type="checkbox"/>
<b>Purchase/rent/repair of sport equipment or facilities</b> Please list sport, equipment/facility concerned, type of expenses to be covered.	<input type="checkbox"/>
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Start date: DD/MM/YYYY

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Person(s) / organisation(s)  
responsible for implementation:

Total budget requested:



## ACTIVITY 5

**Title of Activity:**

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<b>Coaching/professional services</b> Please list coach (sport)/service provider, nature of services, rate and period.	<input type="checkbox"/>
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Person(s) / organisation(s)  
responsible for implementation:

Total budget requested:



## ACTIVITY 6

**Title of Activity:**

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Start date: DD/MM/YYYY

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Person(s) / organisation(s)  
responsible for implementation:

Total budget requested:



## ACTIVITY 7

**Title of Activity:**

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<b>Membership fees</b> Please list organisation, period, rate.	<input type="checkbox"/>
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Start date: DD/MM/YYYY

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Person(s) / organisation(s)  
 responsible for implementation:

Total budget requested:



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**Title of Activity:**

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<b>Coaching/professional services</b> Please list coach (sport)/service provider, nature of services, rate and period.	<input type="checkbox"/>
<b>Purchase/rent/repair of sport equipment or facilities</b> Please list sport, equipment/facility concerned, type of expenses to be covered.	<input type="checkbox"/>
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<b>Membership fees</b> Please list organisation, period, rate.	<input type="checkbox"/>
<b>Other</b> Please list all the pertinent information.	<input type="checkbox"/>

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Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Person(s) / organisation(s)  
 responsible for implementation:

Total budget requested:





## ACTIVITY 9

**Title of Activity:**

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<b>Membership fees</b> Please list organisation, period, rate.	<input type="checkbox"/>
<b>Other</b> Please list all the pertinent information.	<input type="checkbox"/>

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Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Person(s) / organisation(s)  
 responsible for implementation:

Total budget requested:



**ACTIVITY 10**

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<b>Coaching/professional services</b> Please list coach (sport)/service provider, nature of services, rate and period.	<input type="checkbox"/>
<b>Purchase/rent/repair of sport equipment or facilities</b> Please list sport, equipment/facility concerned, type of expenses to be covered.	<input type="checkbox"/>
<b>Organisation of events</b> Please list dates, location, description, nature of expenses.	<input type="checkbox"/>
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<b>Other</b> Please list all the pertinent information.	<input type="checkbox"/>

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Start date: DD/MM/YYYY

End date: DD/MM/YYYY

Person(s) / organisation(s)  
responsible for implementation:

Total budget requested:

Olympic Solidarity Online Platform  
NOC Activities  
Application form



Total amount requested per year:

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