



CRITERIA FOR **LIST B** “IN NEED” SWIMMERS AND COACHES TO ACCESS THE MINISTRY OF SPORTS COVID -19 CUSHIONING FUNDS

OBJECTIVE:

The purpose of this document is to set out the criteria that will be used by KSF, Competition Management Committee (CMC), to identify athletes and coaches in an objective manner, who are facing economic challenges as a result of COVID-19 pandemic, with a view to make a recommendation to the Ministry of Sports on the persons to access the funds for assistance. KSF shall only submit the identified “in-need” athletes but the ultimate decision on fund distribution lies with the Ministry of Sports on who shall access the funds. “List B” is a second tier of “in-need” cases that did not qualify in the initial list that was submitted to Ministry.

ELIGIBILITY:

A swimmer/coach must meet the following eligibility conditions to be considered for inclusion in the list to the Ministry for further consideration:

1. Must be a Kenyan citizen;
2. Swimmer/Coach must be a member in good standing with a club/school or institution that is affiliated to KSF or other FINA recognized governing body;
3. Swimmer must have met the attached MQTs, which is equivalent to the qualifying times for CANA Zone III – 2019, in the period of eligibility (**1st January 2019 – 15th March 2020**) as per the attached list of athletes, who was still in active training and registered with a club/school/institution of post-secondary education as at March 15th, 2020;
4. Coach must have a swimmer on the attached list who he/she were actively coaching as at March 15th, 2020.
5. Coach must rely on earnings from the sport of swimming for a livelihood and must have no other source of regular income apart from swimming training;
6. For a swimmer who is a minor or student at a post-secondary institution, both or one of their parents/guardians have lost their source of livelihood as a result of COVID-19, and family has no other source of income;
7. Swimmer (or family)/ Coach has been displaced due to natural calamity (e.g. floods, landslides etc);
8. In case of a minor swimmer (or student at a post-secondary institution), the family has lost the sole family income earner as a result of COVID-19;
9. Swimmer has experienced continued, and continues to experience, known financial challenges prior to COVID-19 as can be verified by club/coach/school/ institution of post-secondary education;
10. Swimmer (or family) has received financial support in the period of eligibility from club/coach/fellow parents and well-wishers to support their swimming;



11. ***The Swimmer (or family in case of a minor)/Coach is facing imminent hunger/starvation/eviction/being rendered homeless as a result of the impact of COVID-19 or such other calamity since March 15, 2020;**
12. Swimmer/Coach has been infected with COVID-19 that has impacted their ability to earn a livelihood (swimmer or family's sole income earner); and
13. Swimmer (or parent/guardian of a minor swimmer)/Coach must fill in an application form and provide a valid Kenya bank account/ Kenyan Identification number. In the case of a minor athlete, an account number of the parent and parent Kenya identification number.

An application form in Appendix A form an integral part of this criteria and must be filled in in full, signed and sent by email to KSF. KSF shall only consider applications that have provided complete information, as required in the application form. Incomplete applications shall not be reviewed and shall be automatically rejected.

All applicants must be prepared to self-declare that all information provided is true, KSF may carry out verification of information provided.

KSF and the Ministry shall endeavour to verify the correctness of the information provided, any declaration that at a later date is deemed to have been dishonourable will be reported to the Ministry of Sports and other government agencies for necessary action.

A swimmer/coach must meet conditions 1, 2, 3, 4, 5, 9, 11 and 13 in order to be considered eligible for access to the funds.

May 27, 2020

COMPETITION MANAGEMENT COMMITTEE
KENYA SWIMMING FEDERATION (INTERIM
MANAGEMENT COMMITTEE)

KENYA SWIMMING FEDERATION



APPLICATION FORM FOR COVID-19 CUSHION FUND. Form must be returned by 6:00pm May 31, 2020 to compliance@kenyaswimmingfederation.org

Applicant, _____
Full name(s) swimmer/of parent(S) / coach giving information

Address: _____
Street address, city

Club/school _____
Full name(s) of club/school/Institution/county

Telephone and email: _____
Telephone _____ *Email*

Am/ the swimmer/coach/ parent(s) legal guardian(s) or authorised person(s) to give the following information.



Name: _____
Childs full name

Date and place of birth: _____
dd/mm/yyyy _____
City, province/territory

Number and date of issue of Passport: _____
number _____
dd/mm/yyyy

Identity Card number: _____
ID card number

Bank Account _____
Number _____ *Bank and Branch*

Information about person filling form on behalf of a minor

I am the parent of the named swimmer
OR
I am the legal guardian
Name: _____
Full name of person making declaration

Relationship to child: _____
mother, father, grandparent, relative(state how), legal guardian, other

Identity card Number: _____
ID card number

Club/school/Institution Information

Name of club/school/institution: _____
Name of Head coach: _____
Name of current head coach, if new to club include name of previous head coach

Telephone & email of coach: _____

Name of authorised official: _____
Provide name of school/institution official who can verify form

Designation of official: _____

Information provided in this Application is subject to verification. All information should be accurate, any found to be inaccurate or misleading will lead to automatic ineligibility from consideration for funding and such other consequences including reporting to other government departments for necessary action and ineligibility for future KSF funding opportunities.

Special Circumstances of the Swimmer/Coach (*specific financial challenges to demonstrate need for assistance*)

Signature(s) of person(s) giving information

Signature of witness

Full name of witness

Signature of witness

Signature(s) of person(s) giving information

Signature of school/ institution official

dd/mm/yyyy

name(s) of official

Name and signature of KSF official

Date:

Information provided in this Application is subject to verification. All information should be accurate, any found to be inaccurate or misleading will lead to automatic ineligibility from consideration for funding and such other consequences including reporting to other government departments for necessary action and ineligibility for future KSF funding opportunities.

compliance@kenyaswimmingfe