



National Olympic Committee

IMPORTANT: This form duly completed and signed along with the documents indicated under “Attachments required” should be sent to Olympic Solidarity no later than **3 months before** the start of your action plan.

DEVELOPMENT PLAN

Sport (or other)	
Discipline	
Name of the project (if any)	

CURRENT SPORT STRUCTURE

Summary of the current level

--

Weak points

--

Strong points

--

Analysis of requirements

--



ACTION AND OBJECTIVES

Action plan proposed

Objectives / expected results

PLANNING

Length of the programme	Start date	Enter date dd/mm/yyyy	
	End date	Enter date dd/mm/yyyy	
Visit(s) by expert (if staggered)	From	Enter date dd/mm/yyyy	To Enter date dd/mm/yyyy
	From	Enter date dd/mm/yyyy	To Enter date dd/mm/yyyy
	From	Enter date dd/mm/yyyy	To Enter date dd/mm/yyyy



BUDGET PROPOSAL

N.B.: International expert's expenses (air ticket(s) and indemnities, etc.) **must be included** in the estimated expenditure below.

Type of expenditure	Budget (LOC)	Budget (USD)
TOTAL		USD

Requested budget <i>(if different from the estimated expenditure)</i>	USD
--	-----

Has your NF already submitted all the relevant technical details to its respective IF? Yes No

PROPOSED EXPERT

Family name		Given name(s)	
Date of birth		Nationality	
Gender	<input type="radio"/> Male <input type="radio"/> Female	Current level	
Residence (city, country)		Email	
		Telephone	
		Mobile	

EDUCATION & DIPLOMAS

Year	Training	Diplomas awarded



SPORTS EXPERIENCE

Year	Clubs, athletes coached, past achievements, etc.

NATIONAL COORDINATOR (IF ALREADY KNOWN)

Family name		Given name(s)	
Nationality		Title within the NF or NOC	
Email		Mobile	

ATTACHMENTS REQUIRED

Detailed action plan	<input type="checkbox"/>
Overall and detailed budget	<input type="checkbox"/>
Curriculum Vitae of the proposed expert (where applicable)	<input type="checkbox"/>
Acceptance letter from the expert	<input type="checkbox"/>

THE NATIONAL OLYMPIC COMMITTEE

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:

