*Sligo County Council*

*Community & Voluntary Sector General Grant Scheme 2017*

*Application Form 2017*

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| *Please read grant conditions/criteria before completing this form*  *CLOSING DATE FOR RECEIPT OF APPLICATIONS IS:*  *4.00PM, Friday, 31st March, 2017*  *Please tick (✓) which category you are applying for*  *Successful applicants will only be allocated funding under ONE category* |

Categories of Grant – (Please tick (*✓) relevant category)*

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| Community Event | Community Heritage | Community Enhancement | Community Enterprise |
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| Applicant Details: | |
| Name of Community Group/ Committee: |  |
| Contact Details of person dealing with application:  (Please note: all correspondence will be sent to name & address as submitted) | |
| Name: |  |
| Position on Committee: |  |
| Address: |  |
|  |
| Telephone No: |  |
| e-mail address: |  |
| Is your group registered with the PPN? (Public Participation Network) | |
| Please tick appropriate box: (✓) | Yes No |
| (If you are not registered please see www.sligoppn.com/registration to register)  Tel: 071 – 9114426/9114430/9114429 for any queries in relation to registration | |
| *Please Note: Your Group/Committee must be registered with the PPN to be considered for funding.* | |
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| Application Background: | |
| When was your Group/Committee/Organisation established? | |
| How is your organisation constituted (e.g. ad hoc grouping, limited company, charitable status/voluntary non-profit making organisation) | |
| Development of Organisation (Please describe membership of your Group and outline the main focus, activities and achievements of your Group together with details of primary funding sources). | |
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| Project Title: |
| Project Location: |
| Project Details: |
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| Please list specific expected outcomes and how these outcomes are measured |
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| Timescale – dates for commencement and completion of proposed Event/Project |
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| Total cost of proposed event/project: | |
| Breakdown of Costs: | |
| Item | € Amount |
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| Have you received or applied for other sources of public for your Project/Event? | |
| Please tick appropriate box: (✓) Yes No | |
| If Yes, please state the source and amount of funding: | |
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| What amount are you seeking from Sligo County Council? €\_\_\_\_\_\_\_\_\_\_ | |
| Please give any additional information in support of your application: | |
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| Bank Account Details: | |
| Name & address of Bank: | |
| IBAN No: | BIC No: |
| Tax Registration No: | |
| Contact Details for tax registration: tel. 1890 216 216 or email: [bmwregistration@revenue.ie](mailto:bmwregistration@revenue.ie) | |
| Signed on behalf of the Applicant Organisation: | |
| 1. Name:   (Block Capitals) | Position in Group |
| Signature: Date: | |
| 1. Name:   (Block Capitals) | Position in Group |
| Signature: Date: | |

**Declaration:**

I declare that:

1. All the information provided is true and correct.
2. If approved for funding I confirm all:
   1. Relevant insurances will be in place prior to commencement
   2. Relevant permissions are in place e.g. Planning Permission
   3. Health & Safety plan will be in place prior to commencement
   4. Relevant landowner consent in place

**Grant applications must comply with conditions and criteria of Grant Scheme.**

Completed application forms must be submitted, on or before 4.00pm Friday, 31st March 2017 to:

Community & Economic Development Office

Sligo County Council

City Hall

Quay St.

Sligo

Tel: 071 – 9114420/9114414 email: [c&vgengrants@sligococo.ie](mailto:c&vgengrants@sligococo.ie)