*Sligo County Council*

*Community & Voluntary Sector General Grant Scheme 2017*

*Application Form 2017*

|  |
| --- |
| *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)*

|  |  |  |  |
| --- | --- | --- | --- |
|  Community Event | Community Heritage |  Community Enhancement |  Community Enterprise |
|  |  |  |  |

|  |
| --- |
| 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.* |
|  |
| 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).  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Project Title: |
| Project Location: |
| Project Details: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Please list specific expected outcomes and how these outcomes are measured |
|  |
|  |
|  |
|  |
|  |
| Timescale – dates for commencement and completion of proposed Event/Project |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| Total cost of proposed event/project: |
| Breakdown of Costs: |
| Item | € Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 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: |
|  |
| What amount are you seeking from Sligo County Council? €\_\_\_\_\_\_\_\_\_\_ |
| Please give any additional information in support of your application: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| 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  |
| 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