

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>
(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:
2. 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:
 - a. Relevant insurances will be in place prior to commencement
 - b. Relevant permissions are in place e.g. Planning Permission
 - c. Health & Safety plan will be in place prior to commencement
 - d. 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