

INISHOWEN DEVELOPMENT PARTNERSHIP



**LOCAL COMMUNITY DEVELOPMENT PROGRAMME
SMALL GRANTS TO COMMUNITY GROUPS**

APPLICATION FORM

1. GENERAL DETAILS

Name of Voluntary Group/Organisation:

1st Contact Person: _____ **Title:** _____ **Tel:** _____

2nd Contact Person: _____ **Title:** _____ **Tel:** _____

Contact Address: _____

Telephone No: _____ **Fax:** _____ **Email** _____

Charitable Status No: _____

2. DETAILS OF VOLUNTARY ORGANISATION/GROUP

When was the Organisation/Group founded? _____

How often does the Organisation/Group meet? _____

Does the Organisation/Group have a Constitution or Articles of Association? ____

What are the main activities of the Organisation/Group?

Is the project

A once-off project?

Part of an on-going operation?

If this project is approved, when is it expected to begin? _____

When is it expected to end? _____

4. FINANCIAL INFORMATION

What is the total cost of your project? _____

What amount are you requesting from the Inishowen Development Partnership?

Give a detailed breakdown of costings, e.g. Capital Costs, Running Costs, Wages:

Item	Cost €

Have you received, applied for or do you intend to apply for assistance with this project from any other external body/agency? Yes No

If YES, please detail:

Source	Amount €	Applied/Secured €

Give details of additional sources of funding which are available for this project, for example, cash on hand, donations, fund-raising activities and so on.

5. DECLARATION

I declare that all the information provided is true and accurate:

Name: _____

Position Held: _____

Signed:
(on behalf of organisation) _____

Date: _____

Please Return to: John Jackson, Community Development Officer, Inishowen Development Partnership, St Mary's Road, Buncrana, Co. Donegal.

CLOSING DATE: Completed applications to be received by 4.00pm, Wednesday June 30th, 2010. Late applications cannot be considered.

FOR OFFICE USE ONLY

Type of Group. eg. Issue/area-based	
Application Received Date	
Details of other EU Funding if Applied	
Details of Matching Funding	
Checked with other Agencies	
Tax Clearance Certificate if over €6,350	
Date of approval by Sub-Committee	
Date of Approval by Board	
Amount Approved	
Payments Instalments, Cheque & a/c No.	
Date of Monitoring Visit	
Comment	
Group objectives	
Expected outcomes	
Linkages	
Financial Report from Grantee	
Final Report	