

Cork County Council

Municipal District Community Fund Schemes

2017 Application Form

Before completing this form please ensure that you have read the Guidelines document.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED AND WILL BE RETURNED TO THE APPLICANT.

THE CLOSING DATE FOR RECEIPT OF APPLICATIONS IS FRIDAY 17th OF FEBRUARY 2017

Municipal District you are applying to: _____

SCHEME(S) UNDER WHICH ARE YOU APPLYING FOR FUNDING (please tick):

Capital Fund _____

Amenity Fund _____

Community Contract _____

Use community contract application form attached

GENERAL DETAILS

1(a). Name of group, organisation: _____

Address: _____

Mobile : _____ Telephone: _____ Fax: _____

E-Mail: _____

1(b). Contact person for this application: _____

Position in Organisation: _____

Address, if different from 1(a) above: _____

Mobile: _____ Telephone: _____ Fax: _____

E-Mail: _____

We ask that you tell us immediately if these contact details change.

1(c). What is the status of your group/organisation?

- Community Group
- Voluntary Group
- Co-operative
- Limited Company
- Club/Association
- Other (please specify) _____

1(d). When was your group established? _____

1(e). Please tell us about your group's aims, activities and achievements. Completed projects are of particular interest.

1(f). Grant/Fund History:
Please tell us if in the past 5 years you were awarded funding by either Cork County Council or a Town Council:

Year	Awarded By	Amount	Scheme*	Project (incl. reference number if available)

*Community Scheme, Amenity Scheme, Community Contract, other

2. PROJECT PROPOSAL

2(a) Please tell us briefly about your proposed project and particularly

- Project background
- Expected outcome
- Facilities to be provided (including scale drawings and specification)
- Potential benefits

2(b) Please give three indicators by which you will measure the success of your project: e.g. community activity/participation, volunteering, etc.

2(b) How long will this project will take to complete?

Start date: _____ End date: _____

2(c) Are you applying for funding under any other Scheme this year? If yes

Funding Scheme _____
Project cost € _____
Amount applied for € _____
Project details _____

2(d) Funded facilities should be open at all reasonable times to the public or particular groups and either free or at moderate charge. If this is not the case, please tell us why and how you propose to control its use.

2(e) How does your group plan to maintain/manage this project when complete?

2(f) Does your group need any additional funding or statutory approvals for this project to proceed?

2(g) Does your group own/lease the land or property

2(h) Please state how your group proposes to publicly acknowledge Cork County Council's contribution. As an example your group could involve the Mayor of County Cork or nominee of the Mayor in any official opening

3. FINANCIAL INFORMATION

3(a) Total project cost: € _____

3(b) Please show the main project costs (Please include supporting documents)

_____ € _____

_____ € _____

_____ € _____

_____ € _____

3(c) Capital/ infrastructural projects only:
Have you itemised quotations/tenders for all project costs? Yes/No

If the answer is no when will these be obtained? _____

3(d) Do you have either of the following?

Current Tax Certificate _____

If yes please complete: Certificate Number _____
Expiry _____

Letter from Revenue Commissioners stating that are/are not registered for VAT _____

4. FUNDING SOURCES

4(a) Please fill out the table below with details of how your group intends to finance this project. Please note that if you are seeking funding for a capital project (building work for example) you should confirm that matching funding is in place. Your application should then include letters of offer from agencies or group bank statements showing funds.

Funding	Agency	Applied for or already secured	Approved
Expected/Applied for or Received Grant Aid	(1)	€	€
Funding from any other source.	(2)	€	€
	(3)	€	€
	(4)	€	€
Borrowings	Source:	€	€
Fundraising	Source:		€
Own Funds	Source:		€
Others	Source:	€	€
This application	Cork County Council	€	
Total	Must equal total cost of project		€

PAYMENT

5(a) Please provide the following relating to your group so as allow us to arrange payment to you.

PPS number _____
 or
 Employer tax registration number & Tax District _____
 or
 VAT registration number _____

5(b) Unfortunately we cannot allocate funds to any group that owes money to Cork County Council such as rates or planning fees. If you are currently paying such charges please include the account numbers in the spaces below.

Planning Fees _____
 or
Rates _____
 or
 Other charges _____

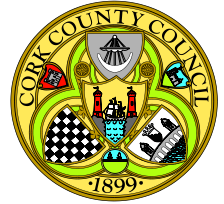
6. DECLARATION

I declare the information given above to be accurate and that our groups tax affairs are in order.

SIGNED: _____

TITLE: _____

Date: _____



Community Contract Application Form 2017

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1(b). Contact person for this application: _____

Position in Organisation: _____

Address, if different from 1(a) above: _____

Mobile: _____ Telephone: _____ Fax: _____

E-Mail: _____

We ask that you tell us immediately if these contact details change.

1(c). What is the status of your group/organisation?

Community Group

Voluntary Group

Co-operative

Limited Company

Club/Association

Other (please specify) _____

1(d). When was your group established? _____

Community Fund

1(e): Approx how many volunteers are involved? _____

1(f). Please tell us about your group's aims, activities and achievements. Completed projects, awards etc are of particular interest.

1(f). Grant/Fund History:
Please tell us if in the past 5 years you were awarded funding by either Cork County Council or a Town Council:

Year	Awarded By	Amount	Scheme*	Project (incl. reference number if available)

*Community Scheme, Amenity Scheme, Community Contract, other

2. CONTRACT PROPOSAL

2(a) Please tell us briefly about your proposed contract and particularly

- Expected outcome
- Potential benefits

2(b) Please advise if you have had initial discussions with the Area Engineer in relation to the proposed contract works. If you have not met when is it proposed that this will take place?

FINANCIAL INFORMATION

3(a) Total contract cost: € _____

3(b) Please show the main project costs (Please include supporting documents)

_____	€ _____
_____	€ _____
_____	€ _____
_____	€ _____

3(c) Do you have either of the following?

Current Tax Certificate _____

If yes please complete: Certificate Number _____
Expiry _____

Letter from Revenue Commissioners stating that are/are not registered for VAT _____

PAYMENT

4(a) Please provide the following relating to your group so as allow us to arrange payment to you.

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Planning Fees _____
or
Rates _____
or
Other charges _____

5 **DECLARATION**

I declare the information given above to be accurate and that our groups tax affairs are in order.

SIGNED: _____
TITLE: _____
Date: _____