**Longford County Council**

**Community Grants Application Form 2021**

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| **Name of Community Group:** |  |
| **Tax or Charitable Status No.** |  |
| **Contact Name and Position:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Phone Number:** |  |
| **Email:** |  |
| **Title of Project/Activity:** |  |
| **Description of Project/Activity:** |  |
| **Objectives of Project/Activity:** |  |
| **Amount of Funds Sought:** |  |

**Is your group/organisation affiliated to Longford Public Participation Network?**

**Yes No**

**(If not, please request affiliation form by emailing** **publicparticipationnetwork@longfordcoco.ie** **or phoning 087-2615583)**

**Bank/Credit Union details for electronic payment to Group:**

|  |  |
| --- | --- |
| **Account Name:** |  |
| **Account Number:** |  |
| **Sort Code:** |  |
| **IBAN** |  |
| **BIC/SWIFT CODE** |  |

**You must attach a copy of the top of your bank statement showing your name and account number.**

**Purpose – the need you are meeting**

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**Clear description - what will be delivered and how**

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**Realistic budget – how grant would be spent**

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**Other Sources of funding – detail source, amount and if approved or pending**

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**Please select one or more of the following values objectives that your project would make a contribution to achieving, and, briefly set out how it will do so. (Dignity, Democracy, Inclusion and Social Justice)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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In order to process your application, it may be necessary for Longford County Council to collect personal data from you. Such information will be processed in line with the Local Authority’s privacy statement which is available to view on [*Privacy-Statement*](http://www.longfordcoco.ie/longfordcoco/your-council/data-protection/privacy-statement/)or contact our Data Protection & Information Compliance Officer on 043 33 44207 or email *dpo@longfordcoco.ie*.

***Declaration***

We have read and understood the information and criteria applicable to this grant scheme and agree to comply in full therewith. I/we certify that all information provided in this application and all information given in any documentation submitted in support of the application is truthful and accurate.

**The application must be signed by 2 members of the group one of which must be the Chairperson, Secretary or Treasurer.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(block capitals) (in organisation)**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(block capitals) (in organisation)**

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| **For Official Use Only:**  | **Date:** |
| Date of resolution of ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipal District or Corporate Policy Group | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |