# CavanCoCo_crest_SCavan County Council

### Municipal Districts Discretionary Allocation Scheme 2019

## Application Form

The scheme has been created by the members of Cavan County Council for the purpose of supporting community groups in delivering and promoting projects in their areas.

Please read the guidelines for this scheme before completing an application. Cavan County Council will only consider projects that meet the criteria of the scheme. Incomplete applications will not be considered.

This scheme complements the existing Community & Voluntary Organisation Grant scheme and is designed for larger scale, infrastructural and capital projects. The minimum grant aid payable will be €3,000.

We will only pay the grant when the work is completed. We will not pay the grant until all invoices, bank statements and evidence such as before and after photos (where applicable) are provided.

1. **Name and address of group/organisation:**
2. **Name and address of contact person:**

**Telephone number and email address**

**of contact person**

3. Details of Constitution/governing rules of group/organisation.

4. **Number of members:**

5. **Is membership open to everyone? Yes No**

6. **Date of your last Annual General Meeting?**

**Details of membership fees**

**(if applicable):**

7. What work do you propose to undertake? (Please give a full description so that we can assess the project)

8. **What do you hope to achieve through these actions?**

9. **Start date of project/event:**

10. **Is planning permission required**: Yes No

€

12. **Total estimated cost of Project:**

# 13. Estimated cost for this phase of project

€

**(relevant to this application):**

14. **Details of any other grants applied for or approved (in respect of this project phase):**

15. Have you been funded by Cavan County Council within the last 3 years?

Yes No

If yes, amount received: Years:

Project/Event:

16. Details of Bank or Financial Institution where grant will be paid:

Name and Address of Bank/Financial Institution\*

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Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Grants will only be paid into a Bank, Credit Union or Post Office Account

17. **Present financial situation of Organisation/Group:**

 (Enclose up to date bank/credit union Statement)

20**. Details of insurance policies held by the group/**organisation (it is a condition of the scheme that specific indemnity is provided to Cavan County Council on your public liability policy:

The application form **must** be accompanied by the following:

1. A copy of minutes of a meeting held by the applicant body within the past six months (A committee/group must be formally constituted).
2. A copy of the constitution, rules etc.
3. A child protection policy (where activities include children and young people under 18).

 4. A detailed estimate of the cost of the proposed works (it is important that cost estimates should be as accurate and realistic as possible)

 5. Three quotations

Declaration

**I have read the terms and conditions and I certify that the information supplied here is accurate and true to the best of my knowledge.**

Signed:

Position

(Chairperson, Secretary)

Date:

Send your completed application form together with documentation to your M.D. Office:

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| --- | --- | --- |
| Cavan/Belturbet Municipal District Office | Bailieborough/Cootehill Municipal District Office | Ballyjamesduff Municipal District Office |
| The Courthouse  | The Courthouse | The Courthouse |
| Ballyconnell, Co. Cavan | Market Street | Virginia, Co. Cavan |
|   | Cootehill,Co. Cavan |   |

The closing date for completed applications is Friday 15th February, 2019