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**Wexford County Council Decade of Centenaries**

‘**Local Legacies 1922/2022’**

**Community Projects Funding 2022**

**APPLICATION FORM**

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| **APPLICANT DETAILS** |
| **Name of Community Group / Organisation** |  |
| **Address of Community Group / Organisation****Website/ Social Media Page:** |  |
| **NAME AND CONTACT DETAILS OF THE PERSON DEALING WITH THE APPLICATION**  |
| **Name:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **DETAILS OF PROPOSED COMMUNITY PROJECT** |
| **Name of Project:** |  |
| **Dates:** |  |
| **Location(s) (if relevant):** |  |
| **Was the project held in previous year(s) ?** |  |
|  |
| **How are you making your project available to the public? Are other groups involved?*****Please list groups, clubs, and associations as appropriate. (If you have a listing please attach and include in your application).*** |  |
| **How have you identified the target group for your project?**  |  |
| **How will you promote the project?** |  |
| **State which (one or more) of the themes the project relates to and explain this relevance** |  |
| **Capacity to deliver****Please outline how you are going to develop the project. What structures are in place, who will oversee it etc.?** |  |
| **BRIEFLY DESCRIBE YOUR PROJECT*****Explain the rationale for the project and how it will support Wexford County Council***‘s ***Decade of Centenaries.******(Keep to a maximum of 100 words)*** |
|  |
| **Please give a breakdown of the project’s expenditure** | **Description** | **Expenditure** |
|  |  |
| **Have you received or applied for other sources of public funding? Please circle as appropriate**  |  **Yes**  | **No** |
| **If yes, please state the source and amount of funding.** |  |

**Incomplete forms will NOT be considered**

**Disclaimer – please read carefully**

It will be a condition of any application for funding under the terms and conditions of the Wexford County Council Decade of Centenaries Community Projects Funding 2022 that the applicant has read, understood and accepted the following:

1. Wexford County Council shall not be liable to the applicant or any other party, in respect of any loss, damage or costs of any nature arising directly or indirectly from:
	1. The application or the subject matter of the application.
	2. The rejection for any reason of any application.
2. Wexford County Council shall not be held responsible or liable, at any time in any circumstances, in relation to any matter whatsoever arising in connection with the administration of activities.
3. In accepting the offer of a grant, applicants undertake to ensure that they have obtained all necessary approvals, permissions, licences or consents.
4. By submitting an application, applicants agree to the processing and disclosure of the applicant’s information by Wexford County Council, and to other third parties if required, for fund administration, reporting, evaluation and audit purposes; and successful applicants further consent to the disclosure of this information (e.g. name of successful applicant, amount of award, project details, etc.) by these parties in connection with the marketing or promotion of the Fund.

**Declaration of Applicant(s)**

We have read and understood the information and criteria applicable to the Fund 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 and that I have not applied to any other city / county council for funding for this Project. *More than 1 group member must sign the application.*

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: (in block capitals):**

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

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: (in block capitals):**

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

**On behalf of: (organisation's name):**

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

The completed form must be e-mailed to libraryhq@wexfordcoco.ie

Please ensure you have read the Criteria and Guidelines and completed the form in full before submitting your application.