WEXFORD COUNTY COUNCIL

Ref:

Area:

# RESIDENTS ASSOCIATION

#  GRANTS SCHEME - 2018

## 1. Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If application is successful and awarded a Grant, the Grant Payment will be made out in this name ONLY)**

**2. Contact Name (Block Capitals)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Contact Mobile Number :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. E-Mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Address for Correspondence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Location of proposed project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Tax Number (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Date of last AGM and No. of Members in the Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Details of applicant project including the aims, objectives and achievements of applicant/group:- ­­­­­­­­­­­­­­**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**10. Benefits that the project will bring to the Community**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**11. Project Commencement Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_  **Project Completion Date** \_\_\_\_\_\_\_\_\_\_\_\_

**12. Financial Details: (a) Total Estimated Cost of Project: €** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(b) Total Expenditure on Project to date: €** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(c) Local funding element to Project €**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(d) Total grant assistance from public bodies**

**received to date or promised for the future: €**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Name of Public Body** | **Grant** |
|  |  |

**13. Please tick the Borough/Municipal District which your group/organisation is based in:**

**Wexford** **Enniscorthy** **New Ross** **Gorey**

**14. SIGNED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **On Behalf of the Applicant Organisation**

**Completed Application Form must be submitted to:-**

**Wexford:-**

**Borough District of Wexford,**

Spawell Road,

Wexford.

Telephone:- 053-9166900

wexfordborough@wexfordcoco.ie

**Enniscorthy:-**

**Enniscorthy Municipal District,**

Market Square,

Enniscorthy,

Co. Wexford.

Telephone:- 053-9233540

enniscorthy@wexfordcoco.ie

**New Ross:-**

**New Ross Municipal District,**

The Tholsel,

Quay Street,

New Ross,

Co. Wexford.

Telephone:- 051-421284

newross@wexfordcoco.ie

**Gorey:-**

**Gorey Municipal District,**

Civic Offices,

The Avenue,

Gorey,

Co. Wexford.

Telephone:- 053-9483806

gorey@wexfordcoco.ie

**On or before the advertised closing date: Tuesday, 20th February, 2018**