**National Community Event**

**Application Form**

|  |  |
| --- | --- |
| **Community Group Name & Address** |  |
| **Contact Person** |  |
| **Contact Number**  **Email** |  |
| **Which Municipal District will your project be located in?** | **Wexford**  **New Ross**  **Gorey**  **Enniscorthy** |
| **Tell us about your group** |  |
| **Tell us about your event** |  |
| **Where did you hear about this Grant?** | From Wexford County Council  Local Newspaper  Wexford PPN  Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tell us what you will use the funding for**  ***(Please submit evidence of costs/ quotes where possible)*** | |  |  | | --- | --- | | **Description of costs** | **Amount** | |  |  | |  |  | |  |  | |  |  | | **Total** |  | |
| **Amount requested** | € |
| **Is your organisation registered for Vat?** |  |
| **Is your group registered with Wexford Public Participation Network?** **Yes** **No**  **If not, consider if you would like to join by contacting: Wexford PPN, Wexford County Hall, Carricklawn, Wexford, Y35 WY93. Email: wexfordppn@wexfordcoco.ie** | | |

***I declare the information provided on this form to be true and accurate.***

***SIGNED:***

***TITLE:***

***DATE***

**Completed application forms should be returned to:**

**Community Section,**

**Wexford County Council,**

**Carricklawn,**

**Wexford.**

**Y35WY9**

**Email: community@wexfordcoco.ie**