



Comhairle Cathrach Chorcaí

Cork City Council

Application for Community Development PROJECT Grant 2019

Community Development PROJECT Grants are for once off, small scale programme activities and community projects. Please read Policy Criteria attached before completing this application form.

A separate sheet may be attached with additional information if required.

Closing date for applications is Friday 1st March 2019.
Project completion date is Friday 25th October 2019. Receipts and required documents must be submitted by that date.

Section A: CONTACT DETAILS

Name of Community Group:

Address:

Name of Contact Person:

Position Held in Community Group:

Address of contact person for correspondence if different from above:

Landline: Mobile: email:.....

Section B: DETAILS OF PROJECT/ACTIVITY SEEKING FUNDING

Note: Project must be completed by 25th October 2019

Name of Project/Activity:.....

Group/Area that will benefit from the Project/Activity:

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Details of project/activity: (Please state the purpose for which the funding is required and start and end date of project.)

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Section C: DETAILS OF EXPENDITURE, FUNDING REQUIRED and OTHER INCOME

EXPENDITURE: Please give a full breakdown of the project costs. Include details of activity, equipment and materials to be funded:

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FUNDING REQUIRED:

Total cost of project: €.....

Amount of PROJECT Grant sought from Cork City Council: €.....

OTHER INCOME for PROJECT: €..... Source.....

Section D: DETAILS OF COMMUNITY GROUP/ORGANISATION

Explain briefly what your group/organisation does:

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Is your group /organisation registered with the Charities Regulator? **Yes/No**

Please note if your project is awarded a grant, the project must be carried out before the Community Development PROJECT grant will be paid to your community group. **The deadline for completing the project and submitting required documentation is 25th October, 2019.**

Acknowledgment of Cork City Council's contribution to the funding of a project will be required in any publicity associated with the project.

**Section E: DECLARATION OF
CHAIR, SECRETARY OR COMMUNITY GROUP MEMBER**

PLEASE NOTE: Part or all of the information you provide will be held on computer. This information will be used for the administration of applications and grants. Copies of the information may be given to individuals and organisations we consult when assessing applications and monitoring grants. You may be asked to provide additional information before a final decision can be made on your application.

DECLARATION

I confirm on behalf of my organisation that I am authorised to sign this declaration and that to the best of my knowledge all answers to the questions on this form are true and accurate. If this application is successful, this organisation will use the grant only for the purposes specified in this application and will comply with all terms and conditions attached to the grant. I confirm that the organisation has the power to accept the grant subject to conditions and to repay the grant if the conditions are not met. I understand and accept that the organisation may be required to provide additional information about the application before a decision is reached. I accept that the decision of Cork City Council will be final.

SIGNATURE OF APPLICANT ON BEHALF OF THE COMMUNITY GROUP:

Name:Date:

Office held:

Please complete this form fully, attach all required documentation and return by Friday 1st March 2019 to:

**Susan Skelly McGovern
Assistant Staff Officer
Community & Enterprise
Cork City Council
2nd Floor, City Hall
Cork**

or email: susan_skelly@corkcity.ie

Telephone: 021-4924596

Section F: FINANCIAL INFORMATION

Cork City Council Supplier Set up Application Form

Please note: 'SUPPLIER NAME' in this case is the name of your Community Group/Organisation

PART A –SUPPLIER DETAILS

SUPPLIER NAME: _____

ADDRESS: _____

IRISH VAT/TAX REG NO. _____ OR PPS NO. _____

Note: Vat/Tax number required for all registered suppliers. PPS number required if not VAT registered.

NATURE OF BUSINESS: _____

CHARITY NO. (if applicable CHY reference number): _____

PHONE NO. _____ Email address for remittances = _____

PART B- SUPPLIER TYPE

Grant/Refund Professional Service Construction Service Other Goods/services

VAT RATE = _____

Note: Professional Services payments are liable to withholding tax of 20%

Note: Construction services invoices must be VAT Free as liable to reverse charge VAT and may be liable to withholding tax.

PART C – BANK DETAILS

Please note copy of top section of bank statement (do not include transaction details) showing name and account details must accompany this form

Name and address of Bank: _____

Bank Account Name: _____

Sort Code: _____ Accounts No. _____

Bic/swift: _____ iban: _____

Signed _____ Community Group/Organisation position _____ Date _____

Print Name _____

Internal use only

Return to: Name: _____ EMAIL ADDRESS = _____

Department: _____

Address: _____