

**Offaly County Council
Municipal District of Edenderry**



**Community Grants Scheme 2017
Application Form**

Name of Organisation	
Address for Correspondence	
Name of Contact Person	
Contact Tel. No.	
Contact E-Mail Address	
Please give a brief description of activities your organisation proposes to undertake in 2017 and for which grant assistance is being sought	

<p>Costs to be incurred by the group/organisation in undertaking these activities in 2017</p> <p>Please give a Breakdown of these costs</p>	
<p>How much are you seeking from this Council?</p>	<p>€ _____</p>
<p>Does your Organisation receive any other funding or grant aid other State Agencies?</p> <p><i>(If 'yes' please give details)</i></p>	
<p>What are your other sources of income?</p>	
<p>Have you received funding from Offaly County Council in the past</p> <p>If Yes state details</p>	
<p>Does your Organisation have Public Liability Insurance?</p> <p><i>(if 'yes' please enclose copy of policy)</i></p>	<p>Yes/No</p>
<p>Who does your Organisation serve? <i>(e.g. community at large, youth, persons with a disability etc)</i></p>	

<p>Does your Organisation have a current bank account? <i>If 'yes' please provide details</i></p> <p><i>Please note that payment will be via Electronic funds transfer.</i></p>	<p style="text-align: center;">Yes/No</p> <p>Name on Bank Account:</p> <p>Name of Bank:</p> <p>Address of Bank:</p> <p>Sort Code:</p> <p>Bank Account No:</p> <p>IBAN No:</p> <p>BIC No.</p>
<p>Any Other Relevant Information (use additional page if you wish)</p>	

I have read the Terms and Conditions of the Offaly County Council, Municipal District of Edenderry Funding scheme and I hereby certify that the information supplied in this application is a true and fair representation of this Organisation's position.

Signature: _____

Position in Organisation: _____

Date: _____