

# Supporting Waterford Communities Application Form 2015

## FOR OFFICE USE ONLY

DATE RECEIVED		DATE ENTERED	
FUND		STRAND	

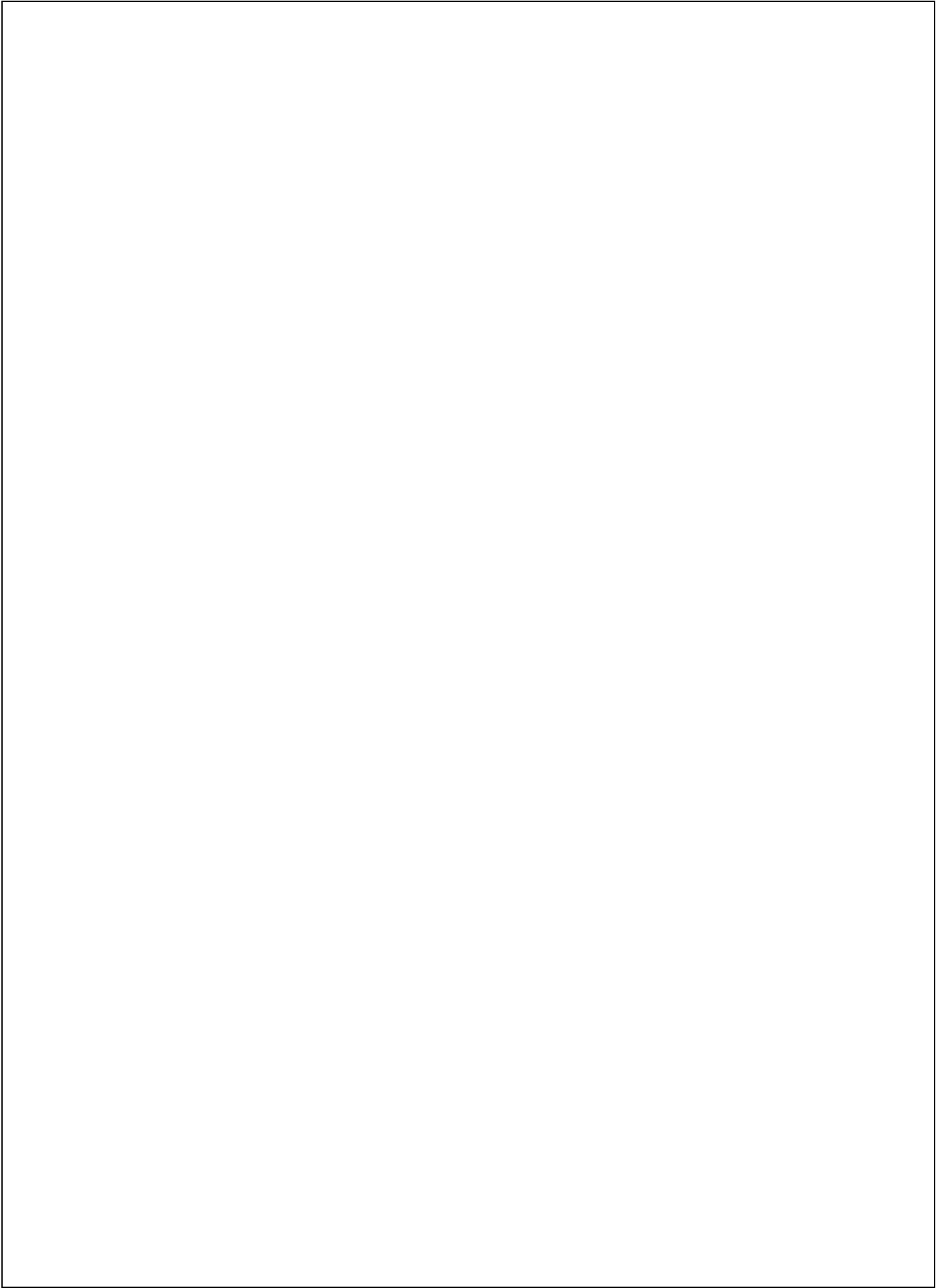
## Section 1 - CONTACT DETAILS

Organisation		
Title	Mr/Mrs/Ms	
Contact Name	1.	2.
Position		
Address		
Tel No:		
Mob No:		
Email		

**Please tick which Fund you are applying to.** Applicants can only apply/qualify for funding under one Supporting Waterford Communities Fund 2015 Strand. Please ensure you have read the criteria for this programme before progressing.

<b>Residents Association Fund</b> <input type="checkbox"/> Residents Association Fund	<b>Community Activity Fund</b> <input type="checkbox"/> Community Planning Fund <input type="checkbox"/> Small Equipment Grant <input type="checkbox"/> Community & Voluntary Operational Funding	<b>Sport &amp; Recreation Fund</b> <input type="checkbox"/> Coach Education Fund <input type="checkbox"/> Small Equipment Grant <input type="checkbox"/> Sport in the Community Fund
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Has your organisation received a grant from either Waterford City Council or Waterford County Council before? If yes, please provide details.



## Section 2 - ABOUT YOUR ORGANISATION/GROUP/CLUB

<b>Geographical area covered (Municipal District)</b>	<input type="checkbox"/> County-wide  <input type="checkbox"/> Waterford Metropolitan  <input type="checkbox"/> Comeragh  <input type="checkbox"/> Dungarvan Lismore
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<b>Do you have a Constitution or similar document?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A constitution is the governing document which states what your organisation does and where and how you achieve it. If you do not have a constitution or similar document, you will NOT be eligible for this grant scheme. If you have a query, please contact us.		

<b>When was your organisation established?</b>	
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<b>Please tick any of the following which best describes your organisation:</b> (NB you do not have to be any of these to qualify for a grant)
<input type="checkbox"/> A registered charity, please provide Registered Charity No: .....  <input type="checkbox"/> Residents Association  <input type="checkbox"/> Community & Voluntary Group  <input type="checkbox"/> Sports Club (please provide evidence of affiliation to ISC recognised National Governing Body of Sport)  <input type="checkbox"/> A company limited by guarantee, please provide Company Registration No: .....  <input type="checkbox"/> Other, please state:

How many people are on your board/ management committee?	
How many full-time/ part-time paid staff do you employ?	
How many members in your club/organisation?	
How many volunteers support your organisation/club? Please state the average over a year.	

<b>Please identify the aims/objectives of your organisation/club?</b> You should give us an idea of why your organisation exists and what it hopes to achieve through its work.

### Section 3 - ABOUT YOUR APPLICATION

Please give a very brief description of what you are applying for (in no more than 20 words).

**Please describe your application in greater detail**

*Your answer should describe which activity/ies you are requesting a grant towards. Please indicate whether you work in partnership with other groups and list those who support this project. Please continue on a separate sheet if necessary.*

How many people will DIRECTLY benefit each week/ month/ year from this project (please delete accordingly) Please be as specific

as possible	
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**Please state the age range that will benefit from this funding from the options below**

<input type="checkbox"/> Early Years 0-4	<input type="checkbox"/> Young People 13-18	<input type="checkbox"/> Adults 26-65
<input type="checkbox"/> Children 5-12	<input type="checkbox"/> Young Adults 18-25	<input type="checkbox"/> Seniors 65+

***If your group works with young people, please confirm below that your organisation/club has a child protection policy in place (please attach copy of same)***

Does your club have a child protection policy? ☐

If a Sports Club, Does your club have a Club Children's Officer? ☐

If a Sports Club, Has your club attended a Certified Child Protection Basic Awareness course? ☐

**Please provide a breakdown of the cost of your application  
Estimates from suppliers and supporting information must be submitted**

ITEM	€

<b>Total Project Costs</b>	<b>€</b>
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**Has your group/organisation/club raised any funds or received any other sources of funding? Please list any funders and amounts below.**


**Please list: other funders you have applied to, but not yet received approval; the respective grant amounts; and the date the outcome of the application will be known:**


**IF YOUR APPLICATION IS APPROVED – PAYMENT OF AWARD**

Please tell us the name of the organisation/ club that should appear on the Payment

If our group/organisation/club is successful in being allocated funding from the 2015 Supporting Communities Fund, Please complete bank details below to enable transfer of payment:

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

BANK SORT CODE: \_\_\_\_\_

## DECLARATION

- We are authorised to make the application on behalf of the above organisation (We are members of the management committee or a senior staff member)
- We certify that the information contained in this application is correct to the best of our knowledge
- We are aware that if we do not include the supporting documents required our application will be ineligible

NAME		NAME	
POSITION		POSITION	
SIGNED		SIGNED	
DATE		DATE	

## What To Do Next

Ensure your signed application form, and all associated documentation, arrives at the Waterford City & County Council Offices on or before the closing date of May 1<sup>st</sup> 2015.

If you have any queries about completing this form, please phone the Community Services Section – we will be glad to help Tel: 0761 10 2842

Please submit your application by email to [waterfordcommunitiesfund@waterfordcouncil.ie](mailto:waterfordcommunitiesfund@waterfordcouncil.ie) or in hard copy to:

**Supporting Waterford Communities Fund 2015,  
Waterford City & County Council,  
Civic Offices,  
Dungarvan,  
Co. Waterford**

**CHECKLIST - Please ensure you enclose the following where relevant or your application may not be considered**

- ☐ Copy of most recent AGM Minutes, or equivalent
- ☐ Copy of Relevant Child Protection Policy or equivalent Vetting (if you have one)
- ☐ Copy of evidence of affiliation to ISC recognised national Governing Body of Sport
- ☐ Copy of Constitution (if you have one)
- ☐ Written estimates or supporting cost information, where appropriate

**Closing date for applications is Friday 1<sup>st</sup> May 2015**

**No applications will be accepted after this date**