

**Christmas Lights Grant Scheme 2020**

**Application Form (Please use additional pages if required)**

|  |  |
| --- | --- |
| **Community Group Name & Address** |  |
| **Contact Person** |  |
| **Contact Number**  **Email** |  |
| **What work / actions do you propose to undertake?** |  |
| **Where will the work/ actions above be located?** |  |
| **What do you hope to achieve with this project** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tell us what you will use the funding for**  *(Please submit evidence of costs/ quotes where possible)* | |  |  | | --- | --- | | **Description of costs** | **Amount** | |  |  | |  |  | |  |  | |  |  | | **Total** |  | |
| **Total Amount requested** | € |
| **Is your organisation registered for VAT?** | **Yes**    **No**    **Organisation tax number:** |
| **Grants are paid retrospectively:** | **Please provide a Bank /Credit Union statement with this application** |
| **Bank Name and Address:** | |
| **Account Name:** | |
| **IBAN** | |
| **BIC** | |
|  | |

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

***SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**For Queries please contact**

**Donna Macklin, Community and Enterprise Section on 049 4378545 or by Email:** [**dmacklin@cavancoco.ie**](mailto:dmacklin@cavancoco.ie)

**Completed application forms should be returned by email only to Donna Macklin at** [**dmacklin@cavancoco.ie**](mailto:dmacklin@cavancoco.ie)

**Closing Date Tuesday 1st December 2020**

**Late Applications will not be accepted**