

**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**

**Completed application forms should be returned by email only to Donna Macklin at** **dmacklin@cavancoco.ie**

**Closing Date Tuesday 1st December 2020**

**Late Applications will not be accepted**