

Activities Funding Application Form

DECLARATION

I have read the information in the booklet accompanying this application form, and I understand the conditions of this funding. I hereby declare that the information supplied on this funding application is accurate and complete. I understand that all of the information provided will be retained by Fingal County Council and may be made available to other departments within the Council, as deemed appropriate.

Full name (Please print): _____

Chairperson Secretary Treasurer OTHER (Please tick as appropriate)

If OTHER, please specify your role within the group or organisation: _____

Signed: _____ Date: DD MM YYYY

WITH THIS APPLICATION FORM, HAVE YOU REMEMBERED TO INCLUDE/ATTACH THE FOLLOWING?

A signed, completed Registration Form (Shared with the Voluntary and Community Forum)

PLEASE RETURN THIS SIGNED, COMPLETED APPLICATION FORM TO:

Community, Culture and Sports Division
Fingal County Council
County Hall
Main Street
Swords
Co. Dublin

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For conditions pertaining to the administration of this funding, please refer to *Activities and Facilities: General Criteria* in the booklet accompanying this application form. Supplementary application forms, i.e. for breakaway funding or summer project funding, should also be completed by referencing the booklet accompanying this application form.

In addition to this Activities application form, groups requiring front-loaded funding must supply additional information to support their application as outlined in the booklet.

If your details are currently held on file with this office but are out-of-date, please submit a new Registration Form (Shared with the Voluntary and Community Forum) with this application form.

REGISTRATION NUMBER:

FOR OFFICIAL USE ONLY

