



Comhairle Cathrach Chorcaí
Cork City Council

Cuimhneachán
Commemoration
1920-1923
Corcaigh | Cork

CORK CITY COUNCIL

2020 COMMEMORATION FUND

NOTE: Closing Date Monday 27th January 2020

GROUP /ORGANISATION NAME:

ALL APPLICATIONS ARE TO BE RETURNED TO:

**Nicky Carroll, Corporate Affairs and
International Relations
Cork City Council, Floor 3, New Civic Offices,
City Hall, Cork**

**Or emailed to
lord_mayor@corkcity.ie**

By 4pm on Monday, 27th January 2020

CLOSING DATE WILL BE STRICTLY ADHERED TO.

All questions on this form must be answered. Please write your answers clearly in block letters.

SECTION 1 – YOUR ORGANISATION

Name of Group / Organisation	
Address (Correspondence will issue to this address)	
Eircode	
Contact name	
Role in Group/Organisation	
Telephone number	
E-mail	
Website	
Alternative Contact name	
Alternative Telephone number	
Alternative E-mail	

Please provide a brief organisational description of your group / organisation e.g. committee structure, meeting schedule etc. _____

Chairperson _____

Secretary _____

Treasurer _____

Has your Organisation / Group registered with the relevant local Public Participation Network (PPN)?

YES

NO

If **NO**, then perhaps you would consider joining the PPN.

Year established _____

What is the purpose of group / organisation _____

SECTION 2 – Project Details

PURPOSE OF FUND

What will the funding be used for?

Note: give examples of types of expenditure

What is the purpose of the fund? (Outline details of the project).

When will your project begin?

When will your project be completed?

Successful applications for funding will only be paid to the applicant organisation's Bank Account. Please ensure you have your Bank Account details to hand if your application is successful.

How does your organisation link in with other organisations in your area?

Charitable Status Number (if applicable): _____

Tax Reference Number (if applicable): _____

Tax Clearance Access Number (if applicable): _____

Is this part of a phased project and/or linked with (or funded by) other schemes operated by Government Departments or Cork City Council?

YES NO

If **YES** please provide the details below:

FUNDING

Amount being applied for under this fund: €

Is this amount partial or total project cost: Partial Total

If partial, give estimated total project cost: €

To be eligible for funding under this programme you must state where you will source any shortfall of funding. Please provide these details below.

Source	Amount

Has or will your organisation avail of other funding from Cork City Council for this project?
YES **NO**

If **YES**, please give details: _____

Please state how your group proposes to publicly acknowledge Cork City Council

SECTION 3 - DECLARATION

- I declare that the information given in this form is correct.
- I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford.
- I confirm that the applicant group/organisation is tax compliant (if tax registered).

Name in block capitals (on behalf of group / organisation):	
Signature:	
Position held in group / organisation (block capitals):	
Date:	

PLEASE NOTE THAT INCOMPLETE APPLICATIONS OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

FOR OFFICE USE ONLY

Date Received:

Reference Number: