

APPLICATION FORM
for 2018 Aviva Stadium Community Grants Scheme

PLEASE NOTE: All sections of form must be completed. If there is any section where you do not have information (e.g. B3) please indicate that this is the case.

A.1 Name of Organisation / Group

Address

Phone

Fax

E-mail Address

A.2 Contact name for all correspondence

Name

Address

Mobile

Phone

Fax

E-mail address

Role of contact person in Organisation / Group

A.3 Contact name of second person involved in Organisation / Group

Name

Address

Mobile

Phone

Fax

E-mail address

Role of contact person in Organisation / Group

A.4 Please provide a brief overview of your Organisation / Group and describe its day-to-day activities. (Maximum 100 words)

A.5 Please indicate your Organisation / Groups structure (ie :- Company Limited by Guarantee, Co-Operative, Constitution, Trust or other. Please specify:

A.6 How does your Organisation / Group fund existing activities:

A.7 Have you a Tax Reference Number or Charitable Status (CHY)

Yes No

If Yes please give details:

Tax Reference Number:

Charitable Status Number:

Employer Registration Number:

Details of Project

B.1 Please describe the proposed projects in detail

(Additional information may be attached)

Start Date:

End Date:

Item Cost

B.2 Amount of grant sought?

B.3 Has your Organisation / Group applied for any other funding in relation to this project. If so, please give details.

Declaration:

On behalf of _____ I confirm that I have read and accept on behalf of the applicant the terms and conditions applicable to the Aviva Stadium Community Fund Scheme. I acknowledge that any funds awarded must be used for the purpose stated. I further confirm that I am duly authorised to make this application on behalf of the applicant Organisation / Group and that the information given in this application is true. I have read and accept the terms and conditions

Name

Date