**National Community Event 4th – 6th May 2019**

**Application Form**

|  |  |
| --- | --- |
| **Community Group Name & Address**  |  |
| **Contact Person**  |  |
| **Contact Number** **Email** |  |
| **Which Municipal District will your project be located in?** | **Carrickmacross/Castleblayney**   **Ballybay/Clones**  **Monaghan**  |
| **Tell us about your group** |  |
| **Tell us about your event** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tell us what you will use the funding for***(Please submit evidence of costs/ quotes where possible)* |

|  |  |
| --- | --- |
| **Description of costs** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

 |
| **Amount requested**  | €   |
| **Is your organisation registered for VAT?** | **Yes**  **No**  **Organisation tax number:**   |
| Is your group registered with County Monaghan Public Participation Network? **Yes****No** If not, consider if you would like to join by contacting Leona McDonald at 047 30500 ext 1450 |

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

*SIGNED:*

*TITLE:*

*DATE*

**Completed application forms should be returned to:**

Community Weekend Event Grant Scheme

Office of Community Development

Monaghan County Council

Glen Road
Monaghan

H18 YT50

communitygrants@monaghancoco.ie

**Closing date: 5pm Monday 1st April 2019**