**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](mailto:communitygrants@monaghancoco.ie)

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