**Monaghan County Council**

**DISABILITY PARTICIPATION AND AWARENESS GRANT SCHEME 2022**

**APPLICATION FORM**

**FOR OFFICE USE ONLY**

Date Received:

Reference Number:



**GROUP/ORGANISATION NAME:**

**ALL APPLICATIONS ARE TO BE RETURNED BY EMAIL To:**

**dpag22**[**@monaghancoco.ie**](mailto:Covid19fund@monaghancoco.ie)

**By 4pm Friday 30th September 2022**

**Please read the Application Guidelines before completing this form.**

In order to process your application, it may be necessary for Monaghan County Council to collect personal data from you. Such information will be processed in line with the Local Authority’s privacy statement which is available to view on [www.monaghancoco.ie](http://www.monaghancoco.ie)

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 |  |
| **Eircode** |  |
| Contact name |  |
| Role in Group/Organisation |  |
| Telephone number |  |
| E-mail |  |
| Website |  |
| Alternative Contact name |  |
| Alternative Telephone number |  |
| Alternative E-mail |  |

|  |  |
| --- | --- |
| What is the purpose of group / organisation |  |

**Successful applications for funding under this programme 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.**

|  |  |
| --- | --- |
| Charitable Status Number (if applicable) |  |
| Tax Reference Number (if applicable) |  |
| Tax Clearance Access Number (if applicable) |  |

**SECTION 2 – Project Details**

## Please provide a description of the project and demonstrate how the project will support the participation of people with disabilities in local activities.

Please provide full details of the project and demonstrate how barriers to people with disabilities to community participation will be removed?

**Capacity**

Please demonstrate previous experience or capacity of completing projects of a similar type/size.

**Value for Money**

Please demonstrate how your proposal will provide value of money, and impact in terms of inclusion of people with disabilities in community participation.

**Project Reach**

Please detail the expected number of people who will benefit from the project, both directly and indirectly. If a project involves community facilities, please provide details of the facility and the activities which take place within.

**SECTION 3 – FINANCIAL DETAILS AND FUNDING REQUIRED**

The purpose of this section is to establish the estimated actual cost in delivering the project in 2022. **Please note that quotes for the cost of each aspect of the project must accompany the application.**

Please make every effort to detail the estimated total cost of your project in 2022.

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| --- | --- |
| **Details of Grant Spend** | **Estimated Cost** |
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| **Overall Total Expenditure** |  |

|  |  |
| --- | --- |
| How much funding are you applying for under the Disability Participation and Awareness Grant Scheme? | € |

All construction projects must have the relevant permission in place

|  |  |  |
| --- | --- | --- |
| Please confirm that all permissions for all construction elements of the project are in place (where applicable) Checkmark | Yes | No |

**SECTION 4 - DECLARATION**

**Declaration**

* I declare that the information given in this form is correct.
* I confirm I have read and fully understand the Disability Participation and Awareness Grant Scheme 2022 prior to completing this form.
* I confirm that the project will be appropriately insured and that all Health & Safety legal obligations will be met.
* I can confirm that all relevant permissions are in place to commence and complete the project in 2022.
* Evidence of expenditure, receipts/invoices will be retained and provided to Monaghan County Council as part of the drawdown process.
* I confirm that funding has not been previously granted for any element of the project.
* I confirm that the applicant group/organisation is tax compliant (if tax registered).

|  |  |
| --- | --- |
| **Name in block capitals (on behalf of group / organisation):** |  |
| **Signature:**  **(Typed signature is acceptable)** |  |
| **Position held in group / organisation (block capitals):** |  |
| **Date:** |  |