



## Fingal County Council Business Promotion Grant Application Form

Closing date for submissions: **Friday 5th December 2014**

**No late applications will be accepted.**

Please return completed applications to: **Rachel Lindsay, Administrative Officer, Fingal County Council, Economic Development Services Department, County Hall, Main Street, Swords, Co. Dublin.**

All queries should be directed to by e-mail or phone: [rachel.lindsay@fingal.ie](mailto:rachel.lindsay@fingal.ie) or tel: (01) 890 6244

**Only one Grant per application form please**

Multiple applications will be accepted but may not be all awarded. Please submit a separate application for each grant you wish to be considered for.

**Please ensure you read the following application thoroughly as any incomplete applications will be returned.**

**Grants are only payable on foot of receipts –Business applicants or groups must fund the project fully and can recoup costs based upon the amount awarded if their application is successful.**

### 1. Organisation Details

Name of organisation(s): \_\_\_\_\_

Name of contact person(s): \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

Phone no: \_\_\_\_\_ Fax no: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Email address: \_\_\_\_\_

Website: \_\_\_\_\_

Project Title \_\_\_\_\_

Electoral Ward  
(Please tick)

Balbriggan

Howth/Malahide

Swords

Castleknock

Mulhuddart

Project Type \_\_\_\_\_

Project Start Date \_\_\_\_\_

Project Finish Date \_\_\_\_\_

Amount Requested \_\_\_\_\_

**Please provide a brief summary description of each business/organisation or trader involved in this application:**

Name:	Business Type	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 2. Project Details

**Title of Project** \_\_\_\_\_

**Project Description** - *Please provide a brief overall description of the proposed initiative or event/activity (you may attach one additional sheet - Limit 500 words).*

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*Please also provide the following detail:*

Location of project \_\_\_\_\_

Expected Number of Participants \_\_\_\_\_ Duration of the Project \_\_\_\_\_

Is this an existing or new concept/ project \_\_\_\_\_

**Details of Initiative/Event & Aims and Objectives of project** - *Provide a brief summary detailing the aims and objectives of the proposed project, including intended outcome or benefit to your business/work area. (Limit 500 words you may attach one additional sheet only.)*

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### 3. Budget and Project Funding

**Total amount of funding applied for to Fingal County Council: €** \_\_\_\_\_

*Please provide a detailed costing of the project below*

Type of Expenditure	Amount €
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Expenditure	_____

**Including other funding what income do you have to meet the cost(s) of the proposed initiative/activity, project or event?**

*Please provide detail of all funding/income available in the table below:*

Type of Income	Amount €	Source of Funding
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Income _____	_____	_____
Total Estimated Cost of Initiative/Project	€ _____	_____

**Have you or your group applied for funding for this initiative to any other agency or organisation?**

Yes     No

**If yes, please detail the other organisation/agency the amount applied for and the amount awarded**

Funding Organisation:	Amount Applied For	Amount Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please ensure that all income and expenditure is detailed above. A separate sheet can be used to give a more detailed breakdown if necessary.*

## 4. Additional Documentation and Information required

### Insurance Details

Is your Business/Group Insured?  YES  NO

Name the Insurance Company \_\_\_\_\_

Type of Insurance Policy \_\_\_\_\_ Tax No. \_\_\_\_\_

## 5. Bank Details

Name of Bank/Building Society/ Credit Union: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Sort code: \_\_\_\_\_ Account no.: \_\_\_\_\_

## DECLARATION

To be completed by the person responsible for project implementation and to whom all correspondence should be addressed.

On behalf of \_\_\_\_\_ I wish to apply for a grant towards the project as outlined above; and I hereby declare that the information given in this form is true and complete to the best of my knowledge.

I have read the information in the guidelines accompanying the application form, and I understand the conditions of this funding. I also agree to undertake, on behalf of the above named organisation, to comply with the grant guidelines and conditions for funding under the scheme as outlined in the Guidance Notes. I understand that all information provided above will be held electronically and may be made available to other Fingal County Council Departments as deemed appropriate.

It should be noted that the Freedom of Information Act applies to all records held by Fingal County Council

Name (Printed) \_\_\_\_\_ Signature: \_\_\_\_\_

Please specify your role in the group or organisation:

Role: \_\_\_\_\_

Date: \_\_\_\_\_

**The Deadline for Receipts of Completed Application Form Friday 5th December 2014.**

**Please send to: Rachel Lindsay, Administrative Officer, Fingal County Council, Economic Development Department, County Hall, Swords, Co. Dublin.**

Please ensure you have read the Grant Scheme Guidelines, which set out the terms and conditions for payment and qualification for funding under each grant category, in full. Copies of the guidelines are available from the Council's website, [www.fingal.ie](http://www.fingal.ie) or can be requested by phone on (01) 890 6244 or by e-mail to: [rachel.lindsay@fingal.ie](mailto:rachel.lindsay@fingal.ie)