LOCAL ENHANCEMENT PROGRAMME 2024 - RING-FENCED FUND FOR WOMEN'S GROUPS (CAPITAL FUNDING)

| * Ques | stion is required for completion of application. |
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| | Registration Details |
| | First Name |
| | |
| | |
| | Last Name |
| | |
| | |
| | Email Address |
| | |
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| | Section 1 - Your Organisation |
| 1* | Name of Women's Group |
| | |
| | |
| 2* | Address |
| | |
| | |
| 3 | Eircode |
| | |
| | |
| 4* | Contact name |
| | |
| | |
| 5 | Role in Group |
| | |
| | |
| 6* | Telephone number |
| | |
| | |
| 7* | E-mail |
| | |
| | |
| 8 | Website |
| | |
| | |
| 9 | Alternative Contact name |

| 10 | Alternative Telephone number |
|------------|--|
| | |
| | |
| | |
| 11 | Alternative E-mail |
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| | 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. |
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| 12 | If your organisation is a registered charity, please provide your Charitable Status Number |
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| | |
| 13 | If your organisation is registered for tax purposes, please provide your Tax Reference number |
| | , |
| | |
| 14 | If applicable, please provide your Tax Clearance Access Number |
| 17 | ii applicable, please provide your Tax clearance Access Number |
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| | Section 2 – Description of Activities |
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19 If partial, please give the estimated total cost:

Important note: Fingal County Council requires you include a minimum of 3 estimates/ quotes from a minimum of three different independent suppliers with this form.

20* Please upload your estimates/ quotes here along with any other supporting documentation that may be relevant to your application.

(May not be applicable for paper form.)

21* Please state how your Women's Group proposes to acknowledge the Department, Local Authority or LCDC.

Note: Depending on the amount being applied for, this could be as simple as including an acknowledgement on notices/signs, or in any newsletters that are being produced locally.

Section 4 - Declaration

- 22* I declare that the information given on this form is accurate and correct to the best of my knowledge.
 - I confirm I have read and fully understand the Terms and Conditions of this programme.
 - I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.
 - I confirm that the Women's Group does not have the funding to undertake the work/project without this grant aid or alternatively that with the grant the Group will now undertake a larger project which they otherwise would not be able to afford.
 - I confirm that the applicant Group is tax compliant (if tax registered).

Name in block capitals (on behalf of women's group):

Position held in group: