

Fingal Integration Funding Scheme 2010

1. Application Summary

Name of organisation:	_____

Name of contact person(s):	_____

Address for correspondence:	_____

Phone no:	_____
Mobile no:	_____
Fax no:	_____
Email address:	_____
Website:	_____
Project Title	_____
Project Type	_____
Project Start Date	_____
Project Finish Date	_____ (not later than end November 2010)
Amount Requested	_____

2. Applicant Organisation Details

2.1. Type of the group/organisation.

2.2 How many years has your organisation been in existence?

2.3 Please provide a brief summary of previous activities or work of your organisation

3. Project Details

3.1. Title of project

3.3. Project description

Location of project

Participating Organisations

Expected Number of Participants

Duration of the Project

Is this an existing or new concept/ project

3.6. Outline how the above project will promote integration between members of the ethnic community and the local community?:

4. The Integration Strategy of your organisation

Please show how this new project and the funding applied for fits with your overall strategy on integration

5. Local Planning Group

It is an essential criterion of the funding that a local planning group be established to manage the fund (that may be received on the strength of this application) and that members of the ethnic community be part of this group.

Please indicate how this will be developed:

6. Formative Evaluation

It is essential that the organisation has a plan for the project's evaluation and that evaluation reports be submitted to the Fingal County Council Community Office on an intermittent basis (i.e. after the second and also after final draw down of money). Please detail your plan for the on-going (formative) evaluation of the project:

7. Project Costs:

Please provide a detailed breakdown of the estimated costs related to each element of the project:

_____	€ _____
_____	€ _____
_____	€ _____
_____	€ _____
_____	€ _____
_____	€ _____

TOTAL PROJECT COSTS € _____

TOTAL AMOUNT OF GRANT NOW SOUGHT? € _____

8. Additional Documentation and Information required

8.1 Insurance Details

Is your Group Insured

YES

NO

Name the Insurance Company _____

Tax No. _____

Charitable Status No _____

9. Bank Details

Name of Bank: _____

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 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.

Name: _____ Signature: _____

Date: _____

**The Deadline for Receipt of Completed Application Forms is Friday 26th March 2010.
Please send to:**

**Louise Edmonds, Fingal County Council, Community Culture & Sport, County Hall
Swords, Co Dublin.**

Tel: 01 870 4488 or email louise.edmonds@fingalcoco.ie