

**DECLARATION**

I have read the information in the booklet accompanying this application form, and I understand the conditions of this funding. I hereby declare that the information supplied on this funding application is accurate and complete. I understand that all of the information provided will be retained by Fingal County Council and may be made available to other departments within the Council, as deemed appropriate.

Full name (Please print): \_\_\_\_\_

Chairperson  Secretary  Treasurer  OTHER  (Please tick as appropriate)

If OTHER, please specify your role within the group or organisation: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: DD  MM  YYYY

**WITH THIS SUPPLEMENTARY APPLICATION FORM, HAVE YOU REMEMBERED TO INCLUDE/ATTACH THE FOLLOWING?**

- A signed, completed Activities Funding Application Form
- A separate sheet of paper with the full names, ages and postal addresses of all participants
- Copies of any relevant insurance documentation
- An evaluation sheet from any previous years' summer projects (if not already held on file with this division)

**PLEASE RETURN THIS SIGNED, COMPLETED SUPPLEMENTARY APPLICATION FORM TO:**

Community, Culture and Sports Division  
Fingal County Council  
County Hall  
Main Street  
Swords  
Co. Dublin



# Summer Project Funding Supplementary Application Form

For conditions pertaining to the administration of this funding, please refer to *Activities and Facilities: Funding Types* in the booklet accompanying this application form.

If your details are currently held on file with this office but are out-of-date, please submit a new *Registration Form (Shared with the Voluntary and Community Forum)* with this application form.



REGISTRATION NUMBER:

FOR OFFICIAL USE ONLY

## GROUP OR ORGANISATION INFORMATION

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Main activity/ies: \_\_\_\_\_

Year of establishment: \_\_\_\_\_

## PROJECT LEADER

Full name: \_\_\_\_\_

Postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## ACTIVITY INFORMATION

Summer projects must include the following elements and may also include other activities, such as arts and crafts, dance, drama, sports and other recreational events:

- Community/civic awareness
- Environmental awareness
- Intercultural activities

Summer projects must last 1 week (i.e. no less than 5 days) or 2, 3 or 4 weeks.

Where within Fingal will the proposed summer project take place?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many residences or homes are in that area?  
\_\_\_\_\_  
\_\_\_\_\_

## PARTICIPANT INFORMATION

How many participants are expected to partake of the summer project?  
\_\_\_\_\_

On a separate sheet of paper, please supply the full names, ages and postal addresses of all participants who are expected to partake of the summer project.

## INSURANCE INFORMATION

Is your group or organisation insured? YES  NO  Name of insurance carrier: \_\_\_\_\_

Insurance carrier's postal address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Type of insurance policy: \_\_\_\_\_

## CHILD PROTECTION POLICY INFORMATION

Has each project leader or volunteer undertaken child protection training? YES  NO

If YES, please specify the organiser(s) of the training course(s): \_\_\_\_\_

If YES, please specify the date(s) of the training course(s): DD  MM  YYYY

On a separate sheet of paper, please supply the full names and postal addresses of all the project leaders and volunteers who are expected to travel to the breakaway activity.

**NB.** Name and contact details of child participants will not be kept on file.