



# HEALTHY KERRY COMMUNITY WEEKEND

*Wellbeing Across the Ages*

4 - 6 May 2019

## APPLICATION FORM

### SECTION 1: CONTACT INFORMATION

BLOCK LETTERS PLEASE FOR HAND WRITTEN APPLICATIONS

a) Name of the Applicant Group
b) Address of Applicant Group

### FIRST CONTACT DETAILS:

c) Contact Name
d) Daytime Telephone Number
e) Contact Address
f) Your Position in the Group
g) E-mail Address

### SECOND CONTACT DETAILS:

h) Contact Name
i) Daytime Telephone Number
j) Contact Address
k) Your Position in the Group
l) E-mail Address

Is your group registered with the Kerry Public Participation Network (PPN)?

Yes

No





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Please give a brief description of your group e.g. who you are, how many members are in the group, what type of group you are and what you do?

(Grants will be given only to community and voluntary groups, organisations and residents' committee within County Kerry that are registered with the PPN)

### SECTION 2: TELL US ABOUT THE EVENT YOU WANT US TO SUPPORT

Tick the box to confirm that the event will take place on 4-6 May 2019

Please state the exact venue / location for your proposed event

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a) What is your event about and what do you hope to achieve?

b) What benefits will your community gain from this grant?





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c) Explain how the event promotes the theme of “*Wellbeing Across the Ages*”. In particular, specify the age groups that activities will be provided for.

d) Please tick the LECP higher level goal(s)<sup>1</sup> that are most applicable to your event

- Communities of Place
- Health & Wellbeing
- Older People
- Other

If other, please specify:

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<sup>1</sup> See Appendix A in the Guidelines for summary of the LECP goals



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## SECTION 3: FINANCING YOUR EVENT

a) What is the total cost of your event?

b) How much funding are you applying for?

c) If you are applying for less than the full project costs, how will you fund the remainder?

d) Tell us what you will use the funding for  
*(Please submit evidence of costs / quotes where possible)*

Description of costs	Amount
Total	
Amount of funding requested	

Is your organisation registered for VAT?

Yes

No

Organisation tax number:



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e) Do you have a valid Tax Clearance and Revenue Access Number or a Charity Number?

Yes

No

If Yes, please provide:

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## SECTION 4: ADDITIONAL INFORMATION

Is there any other information that you wish to provide in support of your application for funding? You may wish to send additional information or continue on a separate sheet.

## SECTION 5: SUPPORTING DOCUMENTS

Please enclose the following documents to support your application for funding:

a) Where possible, supply two estimates / quotes from different independent suppliers (copies will suffice if original not available)

b) If you currently have a valid Tax Reference and Revenue Access No or Letter from Revenue Commissioners dated in the current year, quoting charity status (CHY number) and confirming the organisation tax clearance status, please submit





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## SECTION 6: DECLARATION

Please ensure that this form is signed by two appropriate members of the group.

In signing this declaration, we agree that:

1. The information provided in this application is true and accurate
2. We have read & understood the Healthy Kerry Community Weekend Guidelines for Funding Applications
3. We will sign and return the Letter of Offer and Conditions of Support Form within one week of notification of grant approval
4. We have adequate and appropriate insurance cover for our activities
5. We confirm that the event will take place on the 4-6 May 2019

Signed		Signed	
Position in Group		Position in Group	
Date		Date	

Please tell us how you found out about the Healthy Kerry's Community Weekend:

**Please send completed application to:**

Community Department,  
Kerry County Council,  
Rathass,  
Tralee.

[HealthyKerryCommunityWeekend@kerrycoco.ie](mailto:HealthyKerryCommunityWeekend@kerrycoco.ie)

**Closing date: 25<sup>th</sup> March 2019**

