



Small Grants Fund 2010

Funded by Ballymun Local Drugs Task Force and the Young Peoples Facilities & Services Fund

Thank you for your interest in making an application to the Small Grants Fund. The aim of the Small Grants Fund is to make resources available to community or voluntary organizations that enable them to divert 10-21 year olds from the dangers of substance misuse

Since 2000, the fund has supported more than 110 clubs, groups and organisations in Ballymun.

Grants can be used for basic programme/activity costs, tuition fees, equipment, overhead costs and minor refurbishment. Please note that school curricular activities will not be taken into consideration.

The maximum grant available for any one group is €2,500.

When making your application, please take note of the following:

- Please complete the form as thoroughly as possible, answering **ALL** questions. Please ensure that contact information is complete. Incomplete applications will **not** be considered.
- Grants will only be allocated for activities and/or equipment that are additional to general operating costs.
- Successful applicants may be requested to present receipts or proof of purchase to demonstrate how the grant was used.
- Only applications made on the official application form will be considered.
- Applications must be submitted to The Reco or bryrvolunteering@eircom.net by 5pm on **Friday 26th November 2010**. Late applications will not be considered.

If you have questions or require further information, please contact Michelle Carroll at The Reco on 8667600, or by email at bryrvolunteering@eircom.net



Small Grants Fund Application Form

For office use only

Group ID: _____
Grant No: _____
Grant €: _____
Signed: _____

Funded by the Young Peoples Facilities and Services Fund and Ballymun Local Drugs Task Force

Please refer to the attached memo for information about completing this form.
Incomplete or **late** applications will **not** be considered.

PLEASE COMPLETE ALL SECTIONS

Contact Details

Contact Name _____ Position _____

Telephone _____ Fax _____

Email _____

Correspondence Address _____

Organisation/Group Details

Name of the organisation/group _____

Address where activities take place _____

Describe the main activities of your organisation/group (use an additional sheet if necessary)

Financial Details

Does your organisation/group have a bank account? (please tick) Yes No

Account Name _____

Account Number _____

Bank Sort Code _____

Bank Address _____

Membership Details

Total Membership _____ Age Range _____

Number of female members _____ Number of male members _____

Number of members 10-21 years of age _____

Number of members living in Ballymun _____

Funding Details –

How are your activities currently funded? (e.g. membership fees, grants, fundraising etc). Please include **ALL** sources of confirmed funding. Tick all boxes that apply and use an additional sheet if necessary.

- CDYSB Amount _____
- DCC Amount _____
- Membership Fees Amount _____
- Fundraising Amount _____
- Other (please explain) _____ Amount _____
- Other (please explain) _____ Amount _____
- Other (please explain) _____ Amount _____

Details of Application to the Small Grants Fund

What are you applying to the Small Grants Fund for? _____

Describe the programme/activity/equipment that the grant will be used for. Use an additional sheet if necessary.

Where and when will the programme or activity take place/equipment be used?

Location _____
Time _____
Start Date _____ Finish Date _____

What will your members gain from participating in the programme, activity or from using the equipment?

How will you measure or evaluate these outcomes?

Name of person responsible for the activity or equipment: _____
