

MICRO FUND Application Form

OFFICE USE ONLY

Date _____

1. _____

2. _____

3. _____

Please complete this form and return to:

Michelle Carroll, Volunteer Support Worker, BRYR, The Reco, Central Youth Facility, Sillogue Road, Dublin 11.

If you have questions, please contact Michelle on **01 8667625** or at bryrvolunteering@eircom.net.

Contact Details

Contact person: _____ Tel: _____

Email: _____ Fax: _____

Address: _____

Organisation / Group / Club Details

Name of your organisation/group/club: _____

Name of organisation to which org./ club / group is affiliated (if any): _____

Total membership: _____ Age range: _____ No. of leaders: _____

How many of your members live in Ballymun? _____

Describe your organisation's /group's/ club's main activities (Use additional sheet if necessary)

Details and purpose of this application: (Use additional sheet if necessary)

If you are applying for funding for an activity:

Where and when will activity take place: _____

If you are applying for a piece of equipment:

Where will the equipment be purchased ? _____
Where will it be stored ? _____

Other details

How many young people will benefit from this activity / equipment : _____

Will you be covered by your insurance for this activity / use of equipment: _____

Material / activity / equipment Costs – Amounts greater than €650 cannot be granted.

_____ € _____

_____ € _____ **TOTAL** : _____

Have you applied anywhere else for this funding - If so please give details :

List your annual funding

Source : _____ € _____ Source : _____ € _____

Source : _____ € _____ Source : _____ € _____

Bank Account Details

Account Name : _____ Bank / Post Office : _____

Address of Bank / Post Office : _____ Account Number : _____

Declaration

I hereby declare that to the best of my knowledge the particulars given here are true and correct.

Signed on behalf the applicant organisation / group by:

Name: _____ Position: _____

Date: _____

