

Application Form

Part 1 – Your organisation

Tare Tour organisation			
1. What is your organisation's name and contact details?			
Named Person:			
Nameu i ersom			
Organisation Name:			
Address:			
Postcode:			
Tel:			
Email:			
Website:			
2. What type of organis	nisation are you? sation, youth club, social enterprise etc.)		
(Community organis	sation, youth club, social enterprise etc.)		
3. Do you have a constitution or set of rules setting out your aims and objectives?			
<u> </u>			1
4. When did your org	anisation start?	DAY / MONTH / YEAR:	
5. Can you give us ex	camples of your relevant and or recent ex	(perience	
6. Your organisation's bank or building society account			
Organisation Name:			
Bank Name:		Account Number:	
Bank Address:		Sort Code:	

Part 2 – Your Project

What is your project name:		
Quitling of project (M/bet is the	project and some detail and background of the project)	
Dutiline of project (what is the	project and some detail and background of the project)	
ist the outcomes you expect	to see from carrying out this project (at least three outcomes) -	- explain mor
	to see from earlying out this project (at least times outcomes)	- cxpiaiii iiioi
What other sources have you	applied to for support?	
Please illustrate here any mate	ch funding you have in place.	
Who will oversee the project a	and take it forward to completion?	
ville will evergee the project a	·	
will oversee the project a		
will oversee the project a		
	nation to support your application, please continue here:	
	nation to support your application, please continue here:	

8. When will your project take place?	
Insert start date:	
Insert end date:	
10. How will your project benefit the community? Is the project maintainable after fu	inds received?
11. Where will your project take place? Please enter the actual address or details the various locations it will cover.	
Trease enter the actual address of details the various locations it will cover.	
12. How much will your project cost?	
(You should include <u>all</u> costs, even if you are not requested funding from us to fund it. costs are accurate and based on quotations where possible. <u>DO NOT</u> include any VA from HMRC.)	
Item or Activity	£
TOTAL £	
Amount requested from Dochas £	

Please confirm that y	ou have co	ompleted	everything	we have	asked.
Use the checklist belo	ow:				

✓	Please tick:
	I have answered all the questions in this application
	I am the main contact for the organisation and am authorised to apply on behalf of the organisation
	I confirm that the organisation is eligible to apply, as set out in the Dòchas criteria document
	I have signed and dated the application form
	I have attached costings/quotations for the project
	I have attached a recent bank statement (within last 3 months)

Chairperson/Director	Main Contact
Name:	Name:
Position:	Position:
Tel:	Tel:
Email:	Email:
Signed:	Signed:
Date:	Date:

Please send your completed application to:

dochasapplecross@gmail.com