



Comhairle Cathrach Chorcaí  
Cork City Council

**Cuimhneachán**  
Commemoration  
**1920-1923**  
**Corcaigh | Cork**

## **2020 COMMEMORATION FUND CALL NUMBER 2**

**NOTE: Closing Date Monday 28<sup>th</sup> September 2020**

GROUP /ORGANISATION NAME:

**ALL APPLICATIONS ARE TO BE RETURNED TO:**

**Nicky Carroll, Corporate Affairs and  
International Relations  
Cork City Council, Floor 3, New Civic Offices,  
City Hall, Cork**

**Or emailed to  
lord\_mayor@corkcity.ie**

**By 4pm on Monday, 28<sup>th</sup> September 2020**

**CLOSING DATE WILL BE STRICTLY ADHERED TO.**

All questions on this form must be answered. Please write your answers clearly in block letters.

## **SECTION 1 – YOUR ORGANISATION**

<b>Name of Group / Organisation</b>	
<b>Address (Correspondence will issue to this address)</b>	
<b>Eircode</b>	
<b>Contact name</b>	
<b>Role in Group/Organisation</b>	
<b>Telephone number</b>	
<b>E-mail</b>	
<b>Website</b>	
<b>Alternative Contact name</b>	
<b>Alternative Telephone number</b>	
<b>Alternative E-mail</b>	

Please provide a brief organisational description of your group / organisation e.g. committee structure, meeting schedule etc. \_\_\_\_\_

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Chairperson \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

Has your Organisation / Group registered with the relevant local Public Participation Network (PPN)?

**YES**

**NO**

If **NO**, then perhaps you would consider joining the PPN.

Year established \_\_\_\_\_

What is the purpose of group / organisation \_\_\_\_\_

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## SECTION 2 – Project Details

### PURPOSE OF FUND

What will the funding be used for?

Note: give examples of types of expenditure

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What is the purpose of the fund? (Outline details of the project).

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When will your project begin?

\_\_\_\_\_

When will your project be completed?

\_\_\_\_\_

Successful applications for funding will only be paid to the applicant organisation's Bank Account. Please ensure you have your Bank Account details to hand if your application is successful.

How does your organisation link in with other organisations in your area?

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Charitable Status Number (if applicable): \_\_\_\_\_

Tax Reference Number (if applicable): \_\_\_\_\_

Tax Clearance Access Number (if applicable): \_\_\_\_\_

Is this part of a phased project and/or linked with (or funded by) other schemes operated by Government Departments or Cork City Council?

YES  NO

If **YES** please provide the details below:

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**FUNDING**

Did you receive funding in Call Number 1 Yes/No  
If Yes please supply amount funded \_\_\_\_\_

Amount being applied for under this fund: €

Is this amount partial or total project cost:  Partial  Total

If partial, give estimated total project cost: €

To be eligible for funding under this programme you must state where you will source any shortfall of funding. Please provide these details below.

Source	Amount

Has or will your organisation avail of other funding from Cork City Council for this project?

**YES**  **NO**

If **YES**, please give details: \_\_\_\_\_

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Please state how your group proposes to publicly acknowledge Cork City Council

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### **SECTION 3 - DECLARATION**

- I declare that the information given in this form is correct.
- I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford.
- I confirm that the applicant group/organisation is tax compliant (if tax registered).
- I confirm that the applicant group/organisation will comply with all relevant public health guidelines

<b>Name in block capitals (on behalf of group / organisation):</b>	
<b>Signature:</b>	
<b>Position held in group / organisation (block capitals):</b>	
<b>Date:</b>	

PLEASE NOTE THAT INCOMPLETE APPLICATIONS OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

#### **FOR OFFICE USE ONLY**

Date Received:

Reference Number: