

Ennistymon & District Credit Union



Community Investment Fund 2024

Application Form

Group/Organisation Name	
Account Number (if applicable)	

FOR OFFICE USE ONLY

Date Received: _____

Account Number: _____ (if applicable)

Referred to Board on: _____

Board Decision: _____

All applications are to be returned by 5.00 pm on 5th July 2024 to Ennistymon & District Credit Union Limited at any of our branches in Ennistymon, Lisdoonvarna, or Miltown Malbay.

All additional information to support your application must be submitted as a separate document and attached to this application form.

ENNISTYMON & DISTRICT CREDIT UNION LIMITED- COMMUNITY INVESTMENT FUND
APPLICATION FORM

* Required field

Title of your Organisation* _____

Organisation/Group Address _____

Title of your Project* _____

Please identify the status of your organisation* (Please tick one)

- Community or voluntary group
- Registered Charity Charity Registration Number _____
- Charity or not-for-profit
- Club or association
- Other Please Specify _____

Please indicate which of the following your organisation has in place* (Please tick one)

- Written constitution/Memorandum & Articles (Please submit a copy with Application)
- Set of Rules (Please submit a copy with Application)
- None

Please confirm your organisation is 'Not for Profit'*

- Yes
- No

Does your organisation have audited accounts*

- Yes
- No

Please attach most recent set of accounts with the application

Are you a branch of a larger organisation, or a member of a national charity?*

- Yes
- No

Date of establishment of organisation* _____

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Contact Name* _____

Position held within the organisation* _____

Contact Number* _____ E-mail address* _____

2nd Contact Name* _____

Position held within the organisation* _____

Contact Number* _____ E-mail address* _____

We will need a copy of each signatories ID and Address verification.

Briefly describe your organisation's main purpose and what benefits does it bring to the local community (approx. 250 words)*

Briefly describe the proposed project and activities you plan to carry out (approx. 250 words)*

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What is the start date for the project?* _____

What is the completion date for the project?* _____

State whether this is a new, ongoing or a repeated project

- New
- On-going
- Repeat

Name of location in which your project will serve the community? i.e. parish/town/village

How do you currently fund existing activities? (approx. 250 words)*

State the amount of funding you are seeking* _____

Total Cost of Project * _____

Please provide a breakdown of the overall cost of the project (approx. 250 words)*

If the total cost of the project is more than you are requesting, please indicate how the shortfall will be met and the source(s) providing the shortfall

Describe in detail how Ennistymon & District Credit Union will be recognized as a sponsor and what you will do to help ensure the Credit Union gets as much exposure as possible from any involvement?

Is the Organisation/Group in receipt of public or private funding?

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Is statutory approval/permission/consent required for this project to proceed? _____
Please furnish a copy of any such approval/permission/consent with this application form

If the project involves the development of property, does your group own/lease the land or property? _____

Please furnish evidence of ownership/ copy of lease with this application.

I confirm that I have read and agree with the terms and conditions of the fund and that I agree to abide by the terms and conditions. I certify that the information given in this Application Form is to the best of my knowledge true and accurate.

Signed on behalf of the organisation:

Signed _____

Signed _____

Position Held _____

Position Held _____

Print Name _____

Print Name _____

Date _____

Date _____