

**Development Fund Initiative 2024 – Application Form.**

1. **Contact Details.**

|  |  |
| --- | --- |
| **Name of Applicant/Group/Organisation:**  (Group Name and Name on Bank Account Statement must correspond). |  |
| **Contact Person for correspondence:** |  |
| **Address for contact person:** |  |
| **Phone number for contact:** |  |
| **Contact email:** |  |
| **Name of Treasurer:** |  |
| **Treasurer/Group email:** |  |
| **Treasurer phone number:** |  |

**2. Tax Details.**

Organisation’s tax/charity reference number and name:

Is the organisation registered for VAT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VAT Ref:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Municipal District(s).**

Insert ‘Yes’ under the Municipal District(s) you wish your project to be considered by:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Glenties | Donegal | Inishowen | Letterkenny | Stranorlar |
|  |  |  |  |  |

**4. Project Description** (refer to the background, research undertaken, need identified, location of the project, facilities/services/activities, expected outcome and potential benefits etc.).

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**5. DFI Funding Total Sought (note: the minimum allocation under DFI is €2,500).**

Total amount of funding being sought from the DFI: **€**

Estimated total cost of the project: **€**

**6. Project Cost :**

Breakdown of estimated total costs:

|  |  |
| --- | --- |
| **Item** | **Amount (€)** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| **Total:** |  |

**7. Other Funding Sources** (if applicable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Funding Source** | **Details** | **Applied For (€)** | **Approved (€)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

**8. Committee/Board - Names/Positions.**

|  |  |  |
| --- | --- | --- |
| **Name/Position** | **Name/Position** | **Name/Position** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**9. Project Timelines/Permissions** (do not submit evidence with the application form).

Estimated Start Date: Estimated End Date:

If applicable, do you have ownership/a satisfactory lease in place?

If applicable, has planning permission been granted?

If applicable, are all other licences/permissions in place?

Completed application form submitted by:

**Name: Position: Date:**

**10. Submitting an application.**

Completed forms can be submitted using one of the following methods **only:**

**1. Email to:** [**dfi@donegalcoco.ie**](mailto:dfi@donegalcoco.ie)

**2. Post to: Development Fund Initiative, Community Development Division, Donegal County Council, Station Island, Lifford, Co. Donegal.**

An email acknowledging receipt of the application will be issued. If you do not receive an email acknowledgement phone 087 1141094 or 074 9172341

**Closing time/date: 4pm on Friday 2nd February 2024.**

**IMPORTANT:**

**Applications received after this time/date will be deemed ineligible.** For further information contact Ann Marie Collum by email [dfi@donegalcoco.ie](mailto:dfi@donegalcoco.ie) or phone 074 9172341/ 087 1141094.