



Community Contract Application Form 2017

Before completing this form please ensure that you have read the Guidelines document.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED AND WILL BE RETURNED TO THE APPLICANT.

THE CLOSING DATE FOR RECEIPT OF APPLICATIONS IS FRIDAY 10th OF FEBRUARY 2017

Municipal District you are applying to: _____

GENERAL DETAILS

1(a). Name of group, organisation: _____

Address: _____

Mobile: _____ Telephone: _____ Fax: _____

E-Mail: _____

1(b). Contact person for this application: _____

Position in Organisation: _____

Address, if different from 1(a) above: _____

Mobile: _____ Telephone: _____ Fax: _____

E-Mail: _____

We ask that you tell us immediately if these contact details change.

1(c). What is the status of your group/organisation?

- | | |
|-----------------|--------------------------|
| Community Group | <input type="checkbox"/> |
| Voluntary Group | <input type="checkbox"/> |
| Co-operative | <input type="checkbox"/> |
| Limited Company | <input type="checkbox"/> |

Club/Association

Other (please specify) _____

1(d). When was your group established? _____

1(e): Approx how many volunteers are involved? _____

1(f). Please tell us about your group's aims, activities and achievements. Completed projects, awards etc are of particular interest.

1(f). Grant/Fund History:
Please tell us if in the past 5 years you were awarded funding by either Cork County Council or a Town Council:

Year	Awarded By	Amount	Scheme*	Project (incl. reference number if available)

*Community Scheme, Amenity Scheme, Community Contract, other

2. CONTRACT PROPOSAL

2(a) Please tell us briefly about your proposed contract and particularly

- Expected outcome
- Potential benefits

2(b) Please advise if you have had initial discussions with the Area Engineer in relation to the proposed contract works. If you have not met when is it proposed that this will take place?

FINANCIAL INFORMATION

3(a) Total contract cost: € _____

3(b) Please show the main project costs (Please include supporting documents)

_____	€ _____
_____	€ _____
_____	€ _____
_____	€ _____

3(c) Do you have either of the following?

Current Tax Certificate _____

If yes please complete: Certificate Number

Expiry

Letter from Revenue Commissioners stating that are/are not registered for VAT _____

PAYMENT

4(a) Please provide the following relating to your group so as allow us to arrange payment to you.

PPS number _____
or
Employer tax registration number & Tax District _____
or
VAT registration number _____

4(b) Unfortunately we cannot allocate funds to any group that owes money to Cork County Council such as rates or planning fees. If you are currently paying such charges please include the account numbers in the spaces below.

Planning Fees _____
or
Rates _____
or
Other charges _____

5 **DECLARATION**

I declare the information given above to be accurate and that our groups tax affairs are in order.

SIGNED: _____

TITLE: _____

Date: _____