

APPLICATION FOR GRANT FORM

1.Name of Applicant_____

2.Address_____

3.Phone number_____

4.E-mail_____

3. Nature of project for which grant is required. (Details on a separate sheet, if necessary.)

4. Amount of grant sought in application.€_____

5. It is the policy of the Civil Service Charities Fund to establish if other sources of funding are available, particularly from Government Departments, Health Boards etc., and if these other sources have been approached. Please provide details of funding secured from such sources ,and the extent to which the applications have been successful. . (Details on a separate sheet, if necessary.)_____

6. Please give details of local/national fundraising events, held or proposed, and any other donations received/committed._____

7. The information given above is complete and accurate.

8. I have read the conditions attached and agree to abide by them.

Signed_____

Position_____

Date_____

Please forward to :The Secretary, Civil Service Charities Fund, 30 Merrion Square, Dublin.