  

**BAM COMMUNITY BENEFIT FUND FOR THE NEW CHILDREN’S HOSPITAL**

Community Grants Scheme

2024

Closing Date: FRIDAY 19th APRIL 2024

**ALL APPLICATIONS ARE TO EMAILED TO**

**CommunityGrants@nph.ie**

**OR RECEIVED BY POST TO**

**BAM COMMUNITY BENEFIT FUND COMMITTEE,**

**c/o National Paediatric Hospital Development Board**

**Block A, Herberton, St James’s Walk,**

**Rialto, Dublin 8**

**By 5pm FRIDAY 30TH July 2021**

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

***Please note that additional information in support of your application can be included.***

***Please read the separate Guidance Note and Terms and Conditions. Please sign DECLARATION on page 7.***

  

**BAM COMMUNITY BENEFIT FUND FOR THE NEW CHILDREN’S HOSPITAL**

**COMMUNITY GRANTS SCHEME APPLICATION FORM 2024**

**NOTE: Closing Date FRIDAY 19TH APRIL 2024**

**For office use only:**

Reference Number:

Date Received:

**GROUP /ORGANISATION NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number/Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**SECTION 1 – CONTACT DETAILS**

|  |  |
| --- | --- |
| **Name of Group / Organisation** |  |
| **Address** |  |
| **Website** |  |
| **Contact Name** |  |
| **Role in Group / Organisation** |  |
| **Telephone Number** |  |
| **Alternative Contact Person****Name:** |  |
| **Role in Group / Organisation** |  |
| **Telephone Number** |  |
| **E-mail**  |  |

**Please delete YES or NO as appropriate to the following questions.**

**Have you received funding under any other Grant Scheme within the last three years? YES / NO**

**If YES please give details:-**

|  |  |
| --- | --- |
| **Name of grants scheme / organisation you applied to** |  |
| **Funding Scheme, amounts involved.** |  |

**PLEASE NOTE THAT APPLICANTS ARE REQUIRED TO HAVE A BANK ACCOUNT IN THE OFFICIAL NAME OF THE ORGANISATION/ GROUP AS NO PAYMENTS CAN BE MADE TO A THIRD PARTY OR PERSONAL ACCOUNT.**

**SECTION 2 - GROUP/ ORGANISATION DETAILS**

**Purpose of group / organisation?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Year established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide a brief organisational description of your group / organisation**

 **e.g. committee structure, meeting schedule etc.**

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**Has your Organisation / Group registered with the Dublin City Public Participation Network (PPN)?**

 **YES / NO**

**Is your organisation affiliated or connected to any relevant local regional or national body? YES/NO**

**If Yes please give details below.**

**Name of Organisation(s):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Main Sources of funding in Past 2 years and Amounts:**

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

**SECTION 3 - PURPOSE OF GRANT**

## Please tick which key priority area this grant application relates to:

* **Building Stronger Communities** [ ]
* **Greener Communities** [ ]
* **Recreation, Sports, Arts and Culture**[ ]
* **Education & Skills**[ ]

## **What is the purpose of the grant? (Outline details of the activity – Append separate documentation if necessary and indicate you are doing so here).**

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**Who is the target group that will benefit from this activity? Please also give approximate numbers.**

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## **Where will this activity take place? (Please indicate if activity is at Dublin 8 or Dublin 12)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Start Date of activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **End Date of activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child Safeguarding Statement**

Do you have a Child Safeguarding Statement in Place? YES / NO

**SECTION 4 – FUNDING**

**Please tick which Band your application falls under:**

€500.00- €1,000.00 [ ]  €1,000.00-€5,000 [ ]  Over €5,000 ***(limit is €10,000)***[ ]

**Please give the exact amount being applied for under the BAM Community Grants Scheme?**

**€ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **What is the overall total cost of this activity?** **What % of costs will be covered by the grant if this application successful?** | **€**% |

**Please provide a detailed breakdown of the costs of the activity**

|  |  |
| --- | --- |
| **Item** | **Cost** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Where will you source any shortfall of funding?**

|  |  |
| --- | --- |
| **Source** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**SECTION 5**

***DECLARATION***

**Position held in organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I declare that the information given in this form is correct.**

**I confirm I have read and fully understand the Terms and Conditions of the BAM Community Grants Scheme (See Separate Guidance Note & Terms & Conditions ).**

**I confirm that this grant application is submitted in acceptance and compliance with the Terms and Conditions.**

**NAME IN BLOCK CAPITALS SIGNATURE**

|  |  |
| --- | --- |
|  |  |
| **Position held in group / organisation:** |  |
| **Date:** |  |