

The National Action Plan Against Racism

GRANT APPLICATION FORM

Scheme B (Grants between €10,000 and €15,000)

Details of the grant schemes under this phase are contained in the Grant Guidelines and Conditions.

1. Name of Group/Organisation:

Postal Address:

Tax Ref. No. or
Charitable Status (CHY) No.

Number of Members:

Fax No.

E-mail Address:

Name of Bank (of Group / Org.):

Bank Account Number:

Name of Chairperson:

Name of Treasurer:

Name of Contact Person:

Daytime Telephone No.

2. Amount of grant sought: € _____

- 3 Describe briefly the aims, objectives and activities of the Applicant Group / Organisation:

4. What involvement does your Group / Organisation have with minority groups?

5. Details of the project for which a grant is being sought (use a separate sheet, If necessary):

6. Details of any other organisations involved in the development of the initiative. State the names of the organisations and brief details of their involvement. (If none, write "NONE")

7. Is the project a once-off project or part of an ongoing initiative?

8. What is the start-up date of the project?

9. How many people are expected to benefit?

10. Give estimated total cost of the project: € _____

11. Provide a detailed breakdown of costs under the headings of Administration, Activities, and Other (please specify)

- 12a. Has your group / organisation made or does it intend to make, an application for a grant towards this project or any aspect of it, to any other source (YES or NO) ?

- 12b. If YES, please specify amount(s) and source(s):

- 13a. Is your group / organisation receiving funding towards this project from any other source (YES or NO)?

- 13b. If YES, please specify amount(s) and source(s):

On behalf of the group / organisation named above, I wish to apply for a grant for the project specified above and I declare that the information provided in this application form is true and complete to the best of my knowledge. I undertake, on behalf of the said group / organisation, to comply with the conditions of this grant scheme as outlined in the Grant Guidelines and Conditions and to accept responsibility for the proper use of any funds provided under this scheme. I also undertake to advise NCCRI immediately of any difficulties that arise which could threaten the successful execution of the proposed initiative.

Signed: _____

Name(BlockCapitals): _____

Address: _____

Date: _____

Position within Group/Organisation _____

Freedom of Information Act

Any information provided by you in this application may be subject to release in accordance with the obligations of the Department of Justice, Equality and Law Reform under the Freedom of Information Act, 1998. If you believe that any of the information supplied by you should not be disclosed because of its sensitivity, you should identify this information and state the reasons for its sensitivity. The Department will consult with you about this sensitive information before making a decision on any Freedom of Information request received.

When completed, **two, signed** copies of this form should be sent by post (or by hand / courier) to:

The NCCRI
20 Harcourt Street
Dublin 2

The deadline for the receipt of completed application forms is **5 pm Friday, 29 October, 2004.**

Please note that only hard copies of completed application forms will be accepted. Please do not send applications by fax or e-mail. Correspondence relating to applications will not be accepted after the deadline.