**The Mournes Expression of Interest Form**

1. **Contact Details (if under 18 please ask a supporting adult to complete on your behalf)**

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| --- |
| Name: |

|  |  |
| --- | --- |
| Address:  Postcode: | Daytime Telephone No:  Mobile No:  Email: |

|  |  |
| --- | --- |
| Group / Organisation name: | Project name: |

|  |  |
| --- | --- |
| Do you have a constitution: Yes ☐ | No: ☐ |

1. **Project Details**

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| --- |
| Please describe what you plan to do and what the money will be used for: |

|  |
| --- |
| Please check thebox(es) below outlining the \*priority area(s) your project is targeting (you can choose multiple):  \*Priority areas identified from the Mournes DEA action plan. |
| Rural Isolation |
| Mental Health / Emotional Wellbeing |
| Improving your Area |

|  |  |
| --- | --- |
| Target Group (if applicable) | |
| Senior Citizens | Other (Please specify): |
| People with a Disability |
| Children / Young people |

|  |
| --- |
| Please specify where your project will take place (If different from above): |
|  |

|  |  |
| --- | --- |
| What is the total cost of your Project?  £ | How much funding are you applying for?  £ |
| When will you deliver your project (must be within 6 months): |  |

|  |
| --- |
| Do you require any adjustments to be made to help you with your application or at the voting event? E.g. disability, language etc. |

Please confirm that you have read and understand the Terms and Conditions (if you are under 18 please ask a consenting adult):

Signature: Date: