

## The Mournes Expression of Interest Form

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

Name:

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

Group / Organisation name:	Project name:
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Do you have a constitution: Yes <input type="checkbox"/>	No: <input type="checkbox"/>
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### 2. Project Details

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

Please check the box(es) below outlining the \*priority area(s) your project is targeting (you can choose multiple):  
\*Priority areas identified from the Mournes DEA action plan.

<input type="checkbox"/> Rural Isolation
<input type="checkbox"/> Mental Health / Emotional Wellbeing
<input type="checkbox"/> Improving your Area

Target Group (if applicable)	
<input type="checkbox"/> Senior Citizens	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> People with a Disability	
<input type="checkbox"/> 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:

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