**Essential Criteria**

|  |
| --- |
| 1. You must be a constituted group providing a service, or benefit to, the Slieve Croob area (please enclose copy of constitution).
2. The group must help people in Slieve Croob enjoy good health and well-being.
3. The group can only apply for £375.
4. Be able to attend and pitch for your project on **Thursday 22nd March 2018** at Downshire Civic Centre, Downpatrick.
5. Have any legal permission required to carry out the project.
6. Allow your project to be used in promotional material.
7. Submit your application by **4pm Wednesday 21st February 2018.**
8. The group must have a bank account (please enclose copy of most recent bank statement).
9. The group must have a safe guarding policy if the project involves children and/or vulnerable adults (please enclose copy).
10. The group must send in a copy of invoices/receipts on completion of project.
 |

|  |  |
| --- | --- |
| **QUESTION** | **APPLICATION AND QUESTIONS** |
| **1** | **Name and address of group applying for funds (if address not in Slieve Croob area please indicate where in Slieve Croob the project will happen): -**  |
| **2** | **Summary of project that you are applying £375 for and how it will improve good health and well-being :-** |
| **QUESTION** | **APPLICATION AND QUESTIONS** |
| **3** | **Project Costs (please provide a breakdown of costs): -**

|  |  |
| --- | --- |
| ***ITEM*** | **COST** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| ***TOTAL*** |  |

 |
| **4** | **How will you know your project has successfully achieved what you propose to do?** |

**Contact Details: -**

**NAME: ……………………………………………………………………………………………………..**

**ADDRESS:………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**TELEPHONE NUMBER: …………………………………………………………………………………**

**EMAIL: ……………………………………………………………………………………………………..**

**SIGNATURE: ………………………………………………………………………………………………**

**DATE: …………………………………………………………………………………………………….**

**Please send your completed application form to: - Priscilla McAlinden, Slieve Croob DEA Coordinator, The Market House, 16 The Square, Ballynahinch, BT24 6AE**

**OR EMAIL: priscilla.mcalinden@nmandd.org**