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###### Teiges Mountain Wind Farm Fund Awards 2017/2018

**Revenue Small Grant Programme - Application Form**

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| Applicant Details |
| **Name of****Organisation/Group** |  |
| **Brief Description of Organisation** |  |
| **Charity Registration No (If applicable)** |  |  |
|  |
|  | **Name** | **Address** | **Telephone & Email** |
| Chairperson |  |  |  |
| **Secretary** |  |  |  |
| **Contact Person for this Application** |  |  |  |
|  |  |  |  |
| Project/Activity Details |
| Title  |  |
| **Location****(attach map if appropriate)** |  |
| **Summary** **(please attach further details if necessary)** |
| **Who will benefit from the results of this project/activity?** |  |
| **Overall Cost of Project/Activity** |  |
| **Amount of Funding sought from** **Teiges Mountain Wind Farm Fund** |  |
| Estimated Start Date (no retrospective applications can be accepted) | Estimated Completion Date |  |
| Amount of funding from other sources (please detail sources) |
| **Breakdown of main costs of project/activity** |
| **Will the project/activity require ongoing funding afterwards?** | Yes / No | If Yes, what are the sources of this funding? |
|  |  |  |  |
| **Further/Supporting Information** (ie, how will the project benefit the local community, how many people will directly/indirectly benefit from this funding, undertaking that the funding will be spent by 31st August 2018, project is located within 5km of the Windfarm). |
| **Details of any attachments to this application** |

**I/we the undersigned have read and agree to be bound by the enclosed Terms and Conditions of the Awards.**

**Signature…………………………………………………………….……………………………………….Date……………………………….…………….**

**Title………………………………………………………………………………………………………………………………………………………………...**

##### Return completed form by **1pm, Monday 4th December 2017**, together with any supporting documents to –

The Director, The Fermanagh Trust, Fermanagh House, Enniskillen, BT74 7HR.

Tel: 028 66320210 or email: hazel@fermanaghtrust.org

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