



# MAYO COUNTY COUNCIL

## WEST MAYO MUNICIPAL DISTRICT



### APPLICATION FORM FOR FUNDING FOR RESIDENTS ASSOCIATIONS FOR 2017

1. Name & Address  
of the Estate: \_\_\_\_\_
2. Number of Houses in the Estate: \_\_\_\_\_
3. Name, Address  
Telephone No. & Email  
of Contact Person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please outline how the grant being sought is proposed to be spent in 2017:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Did your Association receive Council  
funding in 2016 and if so, how much: \_\_\_\_\_
6. If you answered yes to no. 5 please outline how the grant aid was spent and  
submit photographs, where appropriate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Is funding being sought from or  
approved by other Bodies for 2017  
and if so from whom and how much: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please confirm what amount of own resources are expected to be raised by your Association through fundraising and/or donations in 2017:

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9. Please outline details of any other information which you think may be of use to West Mayo Municipal District in determining the application:

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10. Please complete the following section:

Name of Chairperson: \_\_\_\_\_

Name of Secretary: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

11. Financial Details: A Bank Statement for your committee showing transactions for the previous 12 months MUST ACCOMPANY this application.

Bank Account Details

Account Name: \_\_\_\_\_

IBAN: \_\_\_\_\_

BIC: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATIONS IS  
4:30 PM ON TUESDAY, 31<sup>ST</sup> JANUARY 2017.**

**COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO  
ANN MOORE, A.O., WESTPORT CIVIC OFFICES, ALTAMONT STREET,  
WESTPORT, CO. MAYO.**

**PLEASE NOTE  
APPLICATIONS WILL NOT BE PROCESSED WITHOUT BANK STATEMENTS.**

**INCOMPLETE APPLICATION FORMS WILL BE RETURNED.**