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###### Teiges Mountain Wind Farm Fund Awards 2024/2025

**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 2025, project is located within 5km of the Windfarm). | | | |
| **Details of any attachments to this application** | | | |

##### Supporting documents required:

|  |  |
| --- | --- |
| A copy of your organisation’s constitution |  |
| Written confirmation of charitable status if you are a registered charity |  |
| A copy of your organisation’s latest accounts |  |
| Most recent bank statement from all accounts |  |

**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 **12noon Wednesday 6th November 2024**, together with any supporting documents to –

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

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

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