

APPLICATION FORM 2023













| 1. Contact Details | | | | | |
|---|--------------------------|-------|----|----|--|
| Contact Person | | | | | |
| Address | | | | | |
| | | | | | |
| Telephone | | | | | |
| Email | | | | | |
| Name of Group/Organisation | | | | | |
| Does your group have 3 or more | | YES | NO | | |
| Do you have a written governing document e.g. constitution? If you tick YES, please include a copy when submitting your application. If you tick NO, you need to provide the details of a sponsor overleaf. | | | | | |
| Are you over 18? If you tick no and you are under the age of 18 please ask a supporting adult to complete the application form with you. If you are under 18 and are sharing your personal contact details you must get your parent/ guardian/ carer to provide consent below. Details of the personal information gathered and purpose for which it will be used can be found under the Tak£500+ section on the council website. https://www.armaghbanbridgecraigavon.gov.uk/take500plus/ | | | | | |
| 2. Project Details | | | | | |
| What is the name of your project | and where will it take n | lace? | | | |
| what is the name of your project and where with take place. | | | | | |
| | | | | | |
| | | | | | |
| Will your project benefit people who live in Armagh City, Banbridge and Craigavon Borough? YES NO | | | | NO | |
| Please specify which area your project will take place (select one) Armagh Banbridge Craigavon Please specify the postcode of your project: | | | | | |
| Please tick the relevant theme(s) that your project relates to Connect Be Active Take Notice Keep Learning Give | | | | | |
| Please describe your project and why it would be good for people in the borough | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please select the relevant focus your project relates to Over 50's Younger People Sports Physical Activity Intergenerational Other? | | | | | |
| If other, please specify | | | | | |











| How much money do you need? (Remember you can bid for a maximum of £1000) | | | | | | |
|---|--------------------------------------|-----------|-----------|----|--|--|
| £1000 | £1000 £750 £500 OTHER (PLEASE STATE) | | | | | |
| How do you plan to spend it? (Give us a breakdown of your costs) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| When will you deliver your project (must be completed by 31st August 2024) | | | | | | |
| Please confirm you can deliver your project by 31st August 2024 | | | YES | NO | | |
| | | | | | | |
| 3. SPONSOR DETAILS | | | | | | |
| If your group does not have a governing document or you are under the age of 18 years old this section needs to be completed. If you need help connecting with a community sponsor please get in touch with a member of the Tak£500+ working group. | | | | | | |
| Community Sponsor Information | | | | | | |
| Name of constituted group/organisation that agreed to sponsor your entry: | | | | | | |
| | | | | | | |
| Sponsor Contact: PRINT NAME | | SIGNATURE | SIGNATURE | | | |
| Telephone | | | | | | |
| Email | | | | | | |
| Adult Sponsor Information | | | | | | |
| Name of constituted group/organisation that agreed to sponsor your entry: | | | | | | |
| Adult Sponsor contact: PRINT NAME | | SIGNATURE | SIGNATURE | | | |
| Telephone | | , | | | | |
| Email | | | | | | |

4. DECLARATION

By submitting your entry you are agreeing to the following statements:

- · You have been authorised by your organisation/group to submit this entry
- All information you have provided in the application is accurate and complete and you will notify us of any changes
- If information about this application is requested under the Freedom of Information Act, we will release it in line with our Freedom of Information Policy
- You or your sponsor organisation will provide a copy of your (their) signed constitution or set of rules, public liability insurance and child protection/vulnerable adults policy (if applicable) upon request
- · Appropriate insurances are or will be in place by the commencement of the proposed activity
- Any information you give us will be used during assessment and life of your project (if successful) to administer, evaluate and for our own research purposes. We may give copies of all or some of this information to individuals and organisations we consult with when assessing the bids or who provide support with administration, monitoring or evaluation of the programme
- Your views, ideas and proposals may appear in reports and press releases when we are promoting the project.
- As the project progresses, we will be taking photos / video footage to promote current and future events on Armagh City, Banbridge and Craigavon Borough Council website and social media as well as distribution on other media as well as the sponsoring organisations websites and social media
- The project will take place within the Armagh City, Banbridge and Craigavon Borough

| FINAL CHECKLIST | | | | |
|--|-----------|--|--|--|
| I have read and understood the application guidance. | | | | |
| There are 3 or more members in our group. | | | | |
| The project will benefit the people in borough | | | | |
| I confirm I am happy for the personal contact details shared in this form to be stored in a safe place and used to make contact with you about the Tak£500+ PB Fund. (We may share your details if you have asked us to connect you with a community sponsor.) | | | | |
| I have included details of an adult/community sponsor (if required). | | | | |
| I/ or a representative will attend the Market Stall and Decision Making Event | | | | |
| I/ or a representative will attend the Celebration Event. Attendance at the celebration event is a condition of the funding. Note: this celebration event is dependent on the COVID-19 situation and alternative arrangements will be put in place if necessary. | | | | |
| PRINT NAME | | | | |
| SIGNATURE | DATE | | | |
| Applicable only to applicants under 18 Parent/Guardian Consent | | | | |
| PRINT NAME | SIGNATURE | | | |
| TELEPHONE | DATE | | | |
| RETURN TO: Community Planning Office, Armagh City, Banbridge and Craigavon Borough Council, Civic Building, Downshire Road, Banbridge, BT32 3JY. | | | | |

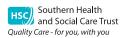
If you have any questions about applying for funding, would like more information or some help with your application, please don't hesitate to get in touch by contacting a member of the PB Working Group. All contact details can be found at www.armaghbanbridgecraigavon.gov.uk/take500plus/

Tak£500+ is a project of Armagh, Banbridge & Craigavon Community Planning Partnership.

Funding pool provided by:

















Also supported by:









