

Seed Grant Scheme 2020/21

Application Form

| Name of | |
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| Contact | |
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| Organisation | |
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| Address | |
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| Job Title | |
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| Contact | |
| Number | |
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| Contact Email | |
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| Project Title | |
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1. Please provide a brief description of the work of your Community Organisation/Voluntary Group or Your Personal interest relevant to this application (250 words max): 2. Please describe the project a Seed Grant would support (500 words max) Please be specific about the use of art, creative and cultural engagement elements.

3. Who will benefit from your project? (200 words max)

4. What difference will this project make to your community? (300 words max)

5. How much funding are you applying for? €_____

6. Please provide a breakdown of how your funding will be used.

7. Please indicate how you match the funding in the project:

A: Financial

Please give details:

B. Payment in Kind

Please give details eg time, labour, materials contributed, skills, etc..

Please explain the steps you will take to complete the project by 30th March 2021

I confirm that the Organisation/Person named above consents to information/ photography/ audio and visual recordings of the project detailed in this application will be made available to IHF and Creative Ireland if this application for a Seed Grant is successful. I confirm that the information in this form is correct and that my application is made in good faith. I have read and understood the criteria for Seed Grants. I consent to IHF processing my contact details for the purposes of the Seed Grant application.

Signed:

Date:

On behalf of the applicant/organisation

Checklist

Have you completed all sections of this form?

Have you made a copy of your application for your own records?

Please feel free to call us on 01 679 3188 or email <u>info@hospicefoundation.ie</u> if you have questions about the Seed Grant fund or if you need help with your application. We will consider every application

www.hospicefoundation.ie

Irish Hospice Foundation CHY 6830 Registered Charity 20013554