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| **Sligo LEADER Partnership CLG** |
| **COVID19**  **COMMUNITY RESPONSE FUND (SICAP)**  **APPLICATION FORM**    Return Completed Applications to [eharan@sligoleader.com](mailto:info@sligoleader.com) **by 4th of September 2020**    **Please Indicate if you are a Community Group Social Economy Project** |
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| **COVID19 – COMMUNITY RESPONSE FUND (SICAP)** | | | |
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| **Name of Local Community Group / Organisation** |  | | |
| **Address / Area Covered** |  | | |
| **Contact Name** |  | | |
| **Mobile Number** |  | | |
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| **Please provide a brief description of your community re-opening needs in light of COVID19 restrictions, and how this will enable your group to continue your community development services:** | | | |
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| **Please provide details of the support that your group is seeking assistance with from the fund i.e. what support do you need?** | | | |
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| **Please provide details of the priority expense items that you seeking support with from the funds. Where possible keep these to 3 priority expense items, supported by a quotation. Include details of suppliers that you expect to source the goods/services from.** | | | | |
| **Expense Item** | | **Expected Supplier** | **€ Expected Cost**  **(need a quotation)** | |
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| **Total Expected Cost** | | | **€** | |
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| **IMPORTANT NOTE: running costs and staff costs are ineligible**  **Thank you for completing the application form.**  **Please return the completed form to** [eharan@sligoleader.com](mailto:info@sligoleader.com)  **A member of the SICAP team will be in contact with you as soon as possible.** | | | | |