

**DEPARTMENT OF HEALTH AND CHILDREN**  
**2011 NATIONAL LOTTERY FUND**  
**APPLICATION FORM**

As there have been a number of changes to the application form this year please read this form and the guidelines carefully before submitting an application.

This form can be completed by typing your responses into the relevant boxes or by writing in BLOCK CAPITALS.

All sections of the form must be completed in full.

Please send the completed form and supporting documentation to:

National Lottery Grants  
Room 8.45 – Finance Unit  
Department of Health and Children  
Hawkins House  
Hawkins St.  
Dublin 2.

Or by email to: [Lotterygrants@health.gov.ie](mailto:Lotterygrants@health.gov.ie)

### **Document Checklist**

**WARNING:** Before you submit this application form please ensure that you have included all the relevant supporting documentation. Failure to do so will result in your application being delayed.

#### Mandatory Requirements

**Please Tick**

- Financial information e.g. Annual Financial Statements, Bank Statements, Annual Accounts
  - Tax Clearance Certificate / Authorisation if required.
  - Charitable Status No.
- or
- Details of Tax Registration

## **A. Organisation Details**

### **Name of organisation**

(please ensure that you use the same name as you have used in previous applications)

### **Address**

### **What are the aims and objectives of the organisation?**

### **Briefly describe its activities**

**When was the organisation founded?**

**If your organisation has been granted Charitable Tax Exemption from the Revenue Commissioners please state the CHY:**

**If not, please state your Tax Reference No:**

**Tax District:**

## B. Contact Details

(for person to whom all correspondence will be sent)

Title:	First name:	Surname:
Address:		
Position held within organisation:		
Tel:	Fax:	Email:

## C. Previous National Lottery Funding

(A) Has your organisation previously received funding from the Department of Health and Children National Lottery Fund? Yes / No

	Year	Amount	Certificate of Expenditure Submitted (Yes / No)
1.			
2.			
3.			

(B) Has your organisation previously received funding from the Health Service Executive National Lottery Fund? Yes / No

	Year	Amount	Certificate of Expenditure Submitted (Yes / No)
1.			
2.			
3.			

**New applications cannot be approved before certificates of expenditure for any previous national lottery funding have been received and verified.**

## D. Details of proposed project

Describe the project for which the grant is now sought. (Please explain precisely what you need the grant for)

Is this project once-off or part of a continuing operation?

When will/did the project commence?

When is it due to end?

State the estimated:

total cost of the project:

cost in the current year:

State the amount of the grant now sought:

*Note: If the grant exceeds €10,000 a valid Tax Clearance or C2 Certificate must be supplied unless you have a CHY number.*

Has your organisation made an application to any other source for a grant towards this project?

If yes please state: sources, amounts sought and result if any:

Give details of the amounts and sources of funds that are available to your organisation for this project – cash on hand, donations, fund-raising.

A copy of your organisation's recent audited accounts, annual report and/or bank statement should be forwarded with this application.

## E. Tax Clearance

Organisations in possession of a CHY number do not need to complete Part E of this form.

If the grant exceeds €10,000 a valid Tax Clearance or C2 Certificate must be supplied unless you have a CHY number. Applicants who are required to submit a Tax Clearance Certificate **must** produce an original or a certified copy of the Certificate before a grant can be paid. Alternatively, the Department can, with the permission of the applicant, carry out an online verification of tax clearance status using the website of the Revenue Commissioners. Please complete the following section if you wish the Department to carry out this online verification:

Tax Clearance Certificate No:

I/we authorise the Department of Health and Children to carry out an online verification of tax clearance status using the website of the Revenue Commissioners.

Signed:  Date:

Name:   
*(in block capitals)*

On behalf of   
*(organisation's name)*

## F. Construction Operations

This section **must** be completed in all cases, including registered charities, where a grant is to be used for Construction Operations exceeding €650 in value. Please see the information leaflet for a definition of "Construction Operations". You may attach additional pages if necessary.

Please supply the following details in respect of **each** contractor who will be employed on the grant-aided work:

Name: Address:
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Tax Ref No: Tax District: C2 / Tax Clearance No: Expiry date:
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Name: Address:
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Tax Ref No: Tax District: C2 / Tax Clearance No: Expiry date:
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Name: Address:
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Tax Ref No: Tax District: C2 / Tax Clearance No: Expiry date:
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## G. Applicant's Statement

***Please sign the statement underneath confirming that you accept it. We need your signature before we can consider your application.***

### **Applicant's statement**

I/we certify that I/we have read and understood the guidelines and criteria of the Department and Health and Children and agree to comply fully with them.

I/we certify that all information in this application and all information in any supporting documents is truthful and accurate.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**(in block capitals)**

**On behalf of:**

\_\_\_\_\_

**(organisation's name)**

### **IMPORTANT**

***You MUST sign your completed application form when returning it to the Department. We will only accept completed and signed original application forms. You may submit your application form, which must include all relevant documentation, by email to [lotterygrants@health.gov.ie](mailto:lotterygrants@health.gov.ie)***

**If posting in hard copy, Please submit two copies of this application form**

***(the original and one photocopy)***