



Community Health Initiative Scheme

APPLICATION

Please complete this form by typing-in (*handwritten forms will not be considered*). Please ensure that you have read the 'Community Health Initiative Scheme' Criteria (which accompany this document) before submitting the form.

Post to:

The Adelaide Health Foundation
Tallaght University Hospital
Tallaght
Dublin 24

Or Email to:

Esther@adelaide.ie

Enquires to

Niamh@adelaide.ie
01-4142069

Closing date for receipt of applications is 30th April 2019

Late applications cannot be accepted

Community Health Initiative Scheme

PART 1 - Your Organisation

Name of the Organisation	
Address of the organisation	
Organisation's main telephone number	
Year of establishment	
CHY Number, if applicable	

Describe the main activities of your organisation. Maximum 100 words (i.e., aims, target group, type of activities)

Has your organisation received a grant from The Adelaide Health Foundation before? If yes, please provide brief detail.

Has funding for this project been applied for from another source? If yes, please provide brief detail.

PART 2 - Applicant Details (Details of the person who is applying for the grant)

Name of Lead applicant	
Position within the organisation	
Contact email address	
Contact phone number	
Correspondence address (if different from that of the organisation)	

PART 3 - Your Project

Please describe the specific project for which you are applying for a grant (Maximum 250 words please)

Please provide a breakdown of the costs for this specific project, i.e., what are you asking us to fund with the grant?

How much are you applying for? (Maximum funding is €5,000)

Please indicate the time-line for this project

Please indicate that you have read the Community Health Initiative Scheme Criteria which accompany this form	Yes	No
Please indicate that you understand and will comply with the reporting requirements should your grant application be successful	Yes	No

SIGNED:	DATE:

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