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## Community Health Initiative Scheme [CHIS]

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### APPLICATION FORM

#### **INSTRUCTIONS**

- Please ensure that you have read the *Community Health Initiative Scheme Criteria* (which accompany this document) before completing Application Form.
- Typed forms only will be accepted.

**By Post:**

The Adelaide Health Foundation  
 Tallaght University Hospital  
 Tallaght  
 D24 NR0A

**By Email:**

Esther@adelaide.ie  
 (01) 404 2071

**Closing date for receipt of applications is 12 noon Monday 30<sup>th</sup> March 2020  
 Late applications cannot be accepted**

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#### PART 1 – You and Your Organisation

<b>Name of the Organisation</b>			
<b>Address of the organisation</b>			
<b>Organisation's phone number</b>			
<b>Year of establishment</b>		<b>CHY No. if applicable</b>	
<b>Name of Lead applicant</b>			
<b>Position within the organisation</b>			
<b>Email of Lead</b>			
<b>Contact Phone of Lead</b>			
<b>Correspondence address (if different from that of the organisation)</b>			

**Closing Date – Monday 30<sup>th</sup> March 2020 @ 12.00 Noon**

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

[Empty text box for describing the main activities of the organisation]

**Closing Date – Monday 30<sup>th</sup> March 2020 @ 12.00 Noon**

**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.**

**Closing Date – Monday 30<sup>th</sup> March 2020 @ 12.00 Noon**

## **PART 2 – The Project**

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

**Closing Date – Monday 30<sup>th</sup> March 2020 @ 12.00 Noon**

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

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

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Please indicate the timeline for this project

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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

**Closing Date – Monday 30<sup>th</sup> March 2020 @ 12.00 Noon**