



assisting those at the frontline in the battle against alcohol and other drug abuse

*** GRANT APPLICATION FORM ***

Please use this form to make your Application for Grant Aid from the above League.
Please make sure you have read the ITL's *Criteria and Conditions* before filling in the Application, and all Applicants must have in force a *CHILD PROTECTION POLICY* complying with current legislation.

1: YOUR ORGANISATION

[a] Name of Organisation

[b] Organisation Address

[c] Number of Members

(i)

Regular

(ii)

Casual

[d] Aims of Organisation
with, as appropriate,
Mission Statement

[e] Date Organisation started

[f] Premises Available

[g] Equipment Available

[h] Charity Reg No.(if applicable)

2: PERSONNEL

[a] Name of Organisation Contact

[b] Address of Contact

[c] Position in Organisation

[d] Contact Details

[i] Telephone No.

[ii] Email Address

[e] Staff Names and Relevant Qualifications

[i] Full-time

[ii] Part-time

3: PROJECT

[a] Description of Project

(use additional sheets if necessary)

[b] Why is the above Project necessary?

[c] Which of above Staff will be involved.....and how?

3: PROJECT (cont.)

[d] How does your Project meet the Grant Criteria?

[i] That is, to promote an alcohol-free and drug-free healthy lifestyle by the advocacy of total abstinence from alcohol and other drugs

[ii] That is, to promote the discussion, consideration and research relating to the recreational use and abuse of alcohol and other drugs.

[iii] That is, to provide other resource and development means to foster the increase of respect for the human family values to achieve physical, moral and spiritual well-being as a healthy alternative to alcohol and drugs

[e] Planned Starting Date

[f] Planned Completion Date

[g] What outcomes are expected, and how will they be measured?

(use additional sheets if necessary)

4: GRANT

[a] Amount of Grant Applied for

[b] How will this be applied to the Project?

[i] Re: Salaries

[ii] Re: Equipment

[iii] Re: Accomodation

[iv] Re: Materials

[v] Re: Other

[c] What Funds are Currently Available within the Organisation for this Project?

[d] For the Project, what Funding is Available from Other Sources?

[i] Amount requested
and from Whom?

[ii] Amount Promised
and from Whom?

[e] PLEASE SUPPLY A COPY OF YOUR LAST AUDITED ACCOUNTS

5: REFEREES (from outside Organisation)

[a] Name

Address

[b] Name

Address

6: ADDITIONAL

[a] How did your Organisation learn about our Grant Scheme?

[b] Child Protection Policy

Please delete [i] or [ii] as appropriate:

[i] We have such a Policy complying with current legislation, a copy of which is available for inspection. The designated person who will provide consultation, advice or support is...

Name

Address

Tele No.

Email

[ii] We are not and undertake not to be involved with children and young people under age of eighteen

[c] In the interest of advancing our shared aims and objectives, the opportunity may arise to give the name of your Organisation to a kindred one. If you do NOT wish this to happen, please tick.

[d] I have read and am satisfied that our Organisation meets the requirements of the ITL's Criteria and Conditions

please tick

DATE

SIGNED

POSITION

Please return completed Application Form to

ITL Hon Treasurer
2 Whinland Drive
Annalong
Co Down BT34 4TZ

before Friday 20th October 2017 at 5pm