

# KILRUSH CREDIT UNION COMMUNITY FUND APPLICATION FORM 2025



All sections marked with \* are mandatory. Incomplete applications may not be considered.

## 1. Organisation Details

- *Organisation Name:* \_\_\_\_\_
- *Organisation Address:* \_\_\_\_\_
- *Contact Person 1 (Name, Role, Phone, Email):* \_\_\_\_\_  
\_\_\_\_\_
- *Contact Person 2 (Name, Role, Phone, Email):* \_\_\_\_\_  
\_\_\_\_\_
- *Date Organisation was Established:* \_\_\_\_\_
- *Organisation Status:* (Tick one)
  - ☐ Community or Voluntary Group
  - ☐ Registered Charity (Charity Number: \_\_\_\_\_)
  - ☐ Not-for-Profit Organisation
  - ☐ Club or Association
  - ☐ Other (please specify): \_\_\_\_\_
- *Is your organisation 'Not for Profit'?* Yes / No
- *Is your organisation a branch of a national body?* Yes / No

## 2. Governance and Compliance

- *Please tick the governance documents you are submitting:*
  - ☐ Constitution / Memorandum & Articles
  - ☐ Set of Rules
  - ☐ Other: \_\_\_\_\_
- *Do you have audited accounts?* Yes / No (Attach latest set if available)
- *Do you have public liability insurance?* Yes / No (Attach if applicable)
- *Do you have a safeguarding policy (if applicable)?* Yes / No (Attach if relevant)

### 3. Project Overview

- *Project Title:* \_\_\_\_\_
- *Brief Summary of the Project (Max 250 words):* \_\_\_\_\_

[illegible]

- *Project Category (tick all that apply):*
  - ☐ Arts & Culture
  - ☐ Sport & Physical Activity
  - ☐ Youth Engagement
  - ☐ Community Development
  - ☐ Environmental Sustainability
  - ☐ Education & Training

- ☐ Health & Wellbeing
  - ☐ Social Enterprise & Innovation
  - ☐ Other (please specify): \_\_\_\_\_
- *Project Location (parish/town/village):* \_\_\_\_\_
  - *Is this a:* New / Ongoing / Repeat project? \_\_\_\_\_
  - *Project Start Date:* \_\_\_\_\_
  - *Project Completion Date:* \_\_\_\_\_
  - *Have you received funding from KCU in the past 3 years? Yes / No*

## 4. Funding Requirements

- [illegible]

- *How will any funding shortfall be covered? (Sources of other funding/support):*

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- *Is statutory approval/permission/consent required for the project? Yes / No*  
(Attach if applicable)

- *If project involves development of property, does your group own/lease the land/property? Yes / No (Attach documentation)*

## 5. Community Impact

- *Briefly describe your organisation's main purpose and benefit to the community (Max 250 words):* \_\_\_\_\_

[illegible]

- *How do you currently fund your activities? (Max 250 words):* \_\_\_\_\_

[illegible]

- *How will KCU be recognised as a supporter of this project? (e.g. press release, signage, event acknowledgement):*\_\_\_\_\_

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**6. Declaration**

We confirm that:

- ☐ The information provided is true and correct.
- ☐ We have read and agree to the Terms and Conditions of the Kilrush Credit Union Community Fund.
- ☐ We consent to audits and the use of submitted data as per the Terms and Conditions.

*Signed on behalf of the Organisation (must be Chair, Secretary, or Treasurer):*

1. Name: \_\_\_\_\_ Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name: \_\_\_\_\_ Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organisation Stamp (if available)

**7. Application Checklist** (tick to confirm inclusion)

- ☐ Completed Application Form
- ☐ Signed Terms and Conditions
- ☐ Constitution / Set of Rules
- ☐ Audited Financial Accounts (if applicable)
- ☐ Tax Clearance Certificate / Charities registration (if applicable)
- ☐ Public Liability Insurance (if applicable)
- ☐ Safeguarding Policy (if applicable)
- ☐ Evidence of Land/Lease Ownership (if applicable)
- ☐ Statutory Approvals/Permissions (if applicable)
- ☐ Business case and budget (for strategic impact fund applications)
- ☐ Any other supporting material

Submit completed applications by 30<sup>th</sup> June 2025 @ 5pm to: Claire Neylon, Kilrush Credit Union or [claire@kilrushcreditunion.ie](mailto:claire@kilrushcreditunion.ie)

For queries, contact: Claire Neylon 065 9051242