



An Roinn Cultúir,  
Oidhreacht agus Gaeltachta  
Department of Culture,  
Heritage and the Gaeltacht

**Co-operation with Northern Ireland Funding Scheme 2019  
Application Form**

- This form should be completed having regard to the eligibility criteria of the scheme and the guidelines attached.
- On completion please forward the form and accompanying documentation to: Aoife O'Sullivan or Úna Daly, Cultural Schemes Unit, Department of Culture, Heritage and the Gaeltacht, New Road, Killarney, Co. Kerry, V93 A49X OR e-mail to: [Co-OpNI@chg.gov.ie](mailto:Co-OpNI@chg.gov.ie)
- Applications will be accepted **until 5.30pm on 19<sup>th</sup> April 2019**. Applications received outside of this timeframe will **not** be considered.

<b>1. Organisation Details</b>	
<b>Lead Organisation Name(s) (applicant)</b>	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact Name for correspondence</b>	
<b>Position in Organisation</b>	
<b>Telephone No.</b>	
<b>Email</b>	
<b>Partner Organisations Details (if more than one, please append details)</b>	
<b>Organisation Name(s)</b>	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Contact Name for correspondence</b>	



2019 Co-operation with Northern Ireland Funding Scheme

2. Clearly demonstrate how the project is realistic in terms of scale, costs, assistance sought and project timeline & timeframe for delivery. Detailed costing may be appended. Please note Department funding will not exceed €15,000
3. Clearly demonstrate the capacity for the project to be delivered. Evidence should be provided of similar projects of high quality, timescales involved and other supporting evidence. Details of potential references can be added if required.
4. Please detail the level of own contribution to project
5. Is the project for which you are applying in receipt of any funding from any other Government Department or Public Body? If so, please name the organisation and amount of the funding being provided.

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I hereby confirm that all representations made in pursuit of the application for funding are accurate and true and that all the requisite regulatory approvals are in place.

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

Print Name: \_\_\_\_\_

Position in Organisation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_