



COTTONERA PROJECTS AND INITIATIVES FUND

EVENT SUPPORT

APPLICATION FORM

Please complete in BLOCK LETTERS using black ink or typescript

Continue on separate sheets if necessary

For further help or assistance call 25584300

Event title: _____

Summary of event:

(The event category, such as: religious, philanthropic and social, educational and civic nature, sport and recreational and cultural, etc.)

Total cost of event: € _____

Amount of funds requested: € _____

Date of completion: _____

Organisation Details

Name of Organisation:

Registration Number with Kunsill Malti għall-Ispport / Voluntary Organisation /
other (if applicable): _____

Head of Organisation:

Address:

Post Code:

Tel No:

Fax No:

Email:

Name of officer / person responsible for the event:

Contact details: (Telephone/Fax/Mobile):

Email:

Position occupied in the organisation:

Details of the event:

What are the objectives of the event for which funds are being requested?

Who will be the beneficiaries of your event? (specify target groups)

Please state whether the organisation has ever benefitted from the Cottonera Projects and Initiatives Fund (if yes specify year/s / amount) or whether it is acquiring / has acquired funds from another source for this event.

Please provide further information which you believe may support your application for this grant together with estimation of works, quotes, income & expenditure statement and other related documentation that relates to the cost of event.

Declaration

I the undersigned, on behalf of the organisation / person, declare that should my organisation / applicant be granted funds it shall:

1. Honour the terms of the funding set out in the conditions of the grant;
2. Submit all the necessary documentation requested by the board (e.g. event estimates, fiscal receipts, other certificates)
3. Provide the Kottonera Foundation with information relating to the management of funds, should the need arises;
4. Shall make every effort to get the best value for money; and
5. Provide timely information as requested by the Selection Committee in relation to the event.

Name of person submitting the application:

I.D. Card Number:

Date:

Signature:
