

Appendix 1

Application to MSIF Community Fund

Application and any accompanying documents to be returned to communications@mqi.ie by 12 noon on Friday, 9th May 2025.

Section A : Community Group and Proposal Details

Community Group	
Representative's Full Name	
Contact Number for Community Group Representative	
Email address for Community Group Representative	
<u>Only if applicable:</u> Chairperson's Name C Contact Details Secretary's Full Name C Contact Details Treasurer's Full Name C Contact Details	
Bank Account details for Community Group	Bank Account Name _____ _____ Bank Account Address _____ _____ IBAN _____
Title of Proposal	
Please provide a description of your proposal and what you want to achieve (Do not exceed 250 characters)	
Please provide details of benefits to enhance and protect the amenity and safety of the community as a result of the proposal being submitted (Do not exceed 250 characters).	
Please provide details of any funding provided from other sources for your proposal and detail the name of the provider and the amounts received.	

Proposed Timeline	
If the proposal is approved, when do you think the initiative will start and finish?	Proposed start date _____
	Proposed finish date _____
	Expected duration of the initiative _____ (months)*
I confirm that purchase/installation/implementation and payment can be completed in 2025 <input type="checkbox"/>	
* If applicable	

Section B - Health & Safety

All Community Groups must consult with their designated Health & Safety advisor in relation to the proposal and receive approval to proceed.	
(a) I confirm that I have consulted with my designated Health & Safety advisor regarding any potential risks or challenges.	<input type="checkbox"/>

Section C - Proposal Budget Plan

<p>Please provide an indicative breakdown of the proposed initiative across the main elements of the works/equipment, etc. If possible, please provide quotes with your completed application.</p>
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Please edit and add additional lines as applicable. Table below provided as sample only.

Total Funding Sought

Services/Service Provider	
Infrastructure/Equipment	
IT	
Other	

Section D - Declaration

I have read and fully understand the application criteria and confirm that this proposal is consistent with the requirement to benefit the local community.	<input type="checkbox"/>
I have provided additional information as necessary (quotes, copies of correspondence, etc).	<input type="checkbox"/>
I declare that the information provided is true and correct.	<input type="checkbox"/>
eSignature _____ Date _____	
Position within Community Group _____	

<p>NOTE : Signing this does not guarantee your application will be successful. All applications are subject to the assessment process. MQI will notify you if your application is successful.</p>

MSIF Community Fund Geographical Boundary

