Healthy Meath Micro Fund 2025



For more information contact the Healthy Meath Coordinator

[healthymeath@meathcoco.ie](mailto:healthymeath@meathcoco.ie) or 0469097400

Closing Date 11th April 2025.

*The Healthy Meath Micro Fund is supported by the Department of Health’s Healthy Ireland Fund.*

\* Question is required for completion of application

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| \*Registration Details: |
| First Name |
|  |
| Last Name |
|  |
| Email Address |
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| **Part A: Contact Details & Community Group/ Organisation Information** |
| 1\* Name of group/ organisation |
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| 2\* Your role in the group/ organisation- if applying as an individual, please type ‘’individual’’ |
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| 3 Alternative contact name and phone number (NA if applying as an individual) |

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|  | First Name | Last Name |
| Secretary |  |  |
| Treasurer |  |  |
| Chairperson |  |  |

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| 4\* Your phone number |
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| 5\* Address for correspondence |
| Address Line 1:  Address Line 2:  Town/ village:  County: |
| 6\* Municipal District (circle your selected answer)  *If you are unsure of your municipal District click here for a map* |
| 1. Ashbourne |
| 1. Kells |
| 1. Laytown- Bettystown |
| 1. Navan |
| 1. Ratoath |
| 1. Trim |
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| 7 Insurance company and policy reference no. (if applicable) |
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| **Part B: Grant Categories** |
| 8\* Which Grant Category are you applying for?  (circle your selected answer) |
| 1. Support Fund to promote and improve Healthy Lifestyle |
| 1. Support Fund to promote and improve Positive Mental Health |
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| 8. A.1\* Which of the following six pillars best describes your projects topic.  (Complete question if you answered ‘a’ for Q8)  (circle your selected answer) |
| 1. Community Health Checks |
| 1. Being SunSmart |
| 1. Smoking and Vaping |
| 1. Alcohol Consumption |
| 1. Physical Activity |
| 1. Healthy Eating |

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| **Part C: Project description** |
| 9\* Please give a brief description of your project i.e. state exactly what you intend to do  (Max 30 words) |
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| 10\* Please give full details of your project |
| Remember to include:   * What exactly you intend to do * How it corresponds to Healthy Ireland Fund Local Strategy for Meath County Council, Healthy Ireland Framework and County Meath LECP key priority areas * Who will benefit, including specific groups in the community * Location for the project and how you know this project is needed (i.e. what are the health issues you are trying to address by delivering this project) * How the project will be delivered and evaluated * Name any project collaborators |
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| 11\* Estimated commencement date of project/ activity/ event:  Must be after approval of grant |
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| 12\* Projected completion date of project/ activity/ event:  Must be before 31st October 2025 |
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| **Part D: Financial Requirements** |
| 13\* Have you applied for (but not yet received) grant aid in respect of this project/ activity?  (circle your answer) |
| 1. Yes |
| 1. No |
| 13.A.1\* Please state the source(s) and amount(s) of funding applied for for this project/ activity:  (complete question if answered ‘Yes’ for Q13) |
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| 14 Please indicate the grant application amount (minimum 500 euro, maximum 2000 euro) and other sources of income.   * Please note that the minimum amount you can apply for is 500 euro and the maximum amount is 2000 euro. * Invoices, receipts, bank statements & photographic evidence will be required on completion of your event/ activity |

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| **Source of income** | **Amount (euro)** |
| Amount sought from Meath County Council |  |
| Own resources |  |
| Fundraising |  |
| Borrowing |  |
| Sponsorship/ donations/ admission fees |  |
| **Total estimated income:** |  |

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| 15 Please provide a breakdown of the project costs  (if you would prefer you can upload an excel sheet with this breakdown) |

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| **Item description** | **Amount (euro)** |
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| **Total cost of project/ activity:** |  |

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| 16\* Have you received grant aid funding in respect of this project/ activity?  (circle your selected answer) |
| 1. Yes |
| 1. No |
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| 16.A.1 Please state the source(s) and amount(s) of funding received for this project/ activity:  (complete question if you answered ‘Yes’ for Q16) |
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| 17\* Please not that even if your application is successful, the maximum grant required is not guaranteed, if this occurs how do you propose to fund the shortfall for the project? |
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| **Part E: Consents** |
| 18\* Does project/ proposed activity or even require any of the following?  (circle all that apply) |
| 1. Planning Permission |
| 1. Fire Safety Certificate |
| 1. Events licence (more than 5,000 persons) |
| 1. Road Closure Order |
| 1. Consent from the National Monuments Service National Parks & Wildlife or National Museum |
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| 18.A.1\* Please state the status of your planning application:  (complete if you answered ‘A’ for Q18)  Include the Planning Ref if applicable |
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| 18.B.1\* Please state the status of your fire safety certificate:  (complete question if answered ‘b’ for Q18) |
| **Part F: Other Information** |
| 19 Has your Organisation/ Group registered with the Meath Public Participation Network (PPN) ?  (circle your selected answer) |
| 1. Yes |
| 1. No |
| 1. Not Applicable |
| 19.A.1 What is your PPN registration number?  (complete question if you answered ‘a’ for Q19) |
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| 20 Is your group a registered charity?  (circle your selected answer) |
| 1. Yes |
| 1. No |
| 1. Not Applicable |
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| 21 Tax or charitable status no. (if applicable) |
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| 22 Is there any other material you wish to accompany your application, please upload it here  (may not be applicable for paper form) |
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| **Part G: Signature & Declaration** |
| 23\*  Signed:   * I declare that the information supplied in this application is accurate and complete. * I have fully read the Healthy Meath Microfund Application Guidelines and understand   the criteria of this grant scheme.   * I understand that all information provided in respect of this application will be held electronically and may be made available to other Meath County Council departments and Elected members. * I agree to be bound by the terms and conditions of drawing down any funds awarded. * Please return this application by email to [healthymeath@meathcoco.ie](mailto:healthymeath@meathcoco.ie) or by post to Healthy Meath Coordinator, Buvinda House, Dublin Road, Navan, Co. Meath, C15Y291. |