Healthy Meath Micro Fund 2025



For more information contact the Healthy Meath Coordinator

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’’ |
|  |
| 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  |
|  |
| 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
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| 1. Kells
 |
| 1. Laytown- Bettystown
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| 1. Navan
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| 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
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| 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
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| 1. Being SunSmart
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| 1. Smoking and Vaping
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| 1. Alcohol Consumption
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| 1. Physical Activity
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| 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) |
|  |
| 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
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| 1. Fire Safety Certificate
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| 1. Events licence (more than 5,000 persons)
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| 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) |
|   |
| 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 or by post to Healthy Meath Coordinator, Buvinda House, Dublin Road, Navan, Co. Meath, C15Y291.

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