

**Kildare Local Transport Link, Level 7, Aras Chill Dara, Naas, Co Kildare**

**Email: Christine.scanlon@locallink.ie Tel: 045 980383. CRO No: 544041 CHY No. 21451.**

**Social Fund Grant Application 2022**

**Co funded by TFI Local Link Kildare South Dublin & County Kildare LEADER Partnership**

1. **Details of Applicant(s)**

|  |  |  |
| --- | --- | --- |
| **Category of Application** Please tick relevant box below | **Name of Individual or Group** | **Contact Details for Application Process**Address.EmailPhone Numbers |
| **Individual**

|  |
| --- |
|  |

**Older Peoples Group**

|  |
| --- |
|  |

**Youth Group**

|  |
| --- |
|  |

**Integration & Culture**

|  |
| --- |
|  |

**AN Other- Please Identify**

|  |
| --- |
|  |

 |  |  |

1. **Details of Trip(s) Planned.**

|  |  |  |
| --- | --- | --- |
| **Date & Times of Planned Trip(S)** | **Pick Up point & Destination** | **Number of Intended Passengers.** |
|  |  |  |

1. **Accessibility Issues**

|  |  |
| --- | --- |
| **Do you or any member of your group have any mobility issues that would require specialist vehicle such as wheelchair accessibility?** | **If the answer is yes, please describe requirement as in number of wheelchairs etc.** |
|  |  |

1. **Previous Applications**

|  |  |
| --- | --- |
| **Have you or your Group benefited from any previous Social Funding Application in 2022?** | **For those organisations / individuals who have already benefited from this funding, no further applications will be considered in 2022** |
|  |  |

1. **Organisations Ability to Contribute**

|  |  |
| --- | --- |
| **How Much Can the Group contribute to the provision of this transport service?** |  |

1. **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On behalf of Group Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **For Office Use Only****Cost from TFI Local Link Approved Operator:**  |