

Laois County Council Estate Management Grant 2020 Application Form

IF A COPY OF THE 2019 ACCOUNTS (INCOMINGS & OUTGOINGS) ARE NOT ATTACHED, NO GRANT WILL BE ALLOCATED FOR 2020.

Name of Residents Associat	rion:
Chairperson:	
Secretary:	
Treasurer:	
Contact Name & Tel. No.:	
E-mail address:	

Please ensure you have completed all of the above detail.

Outline of proposed projects for 2020:

										_
							7			
						7.3	4			
								•		
						1467	725-1886	J. W. 1	1.017	
						. B				
				٠						
				w nguro				- "		Mg
Deta	ils of	cos	ts i	nvol	ved	:	-	- "		No Fig. 1
Deta	ils of	cos	ts i	nvol	ved	:				14/4°
Deta	ils of	cos	ts i	nvol	ved	:		-		222
Deta	ils of	cos	ts i	nvol	ved			-		- 12
Deta	ils of	cos	ts i	nvol	ved	:				
Deta	ils of	cos	ts i	nvol	ved	:				
Deta	ils of	cos	ts i	nvol	ved:	:				

	 	
-		
-		
	of costs involved:	
Details c	T COSTS INVOIVED.	
Details o	7 COSTS INVOIVED.	
Details c	T COSTS INVOIVED.	
Details o	T COSTS INVOIVED.	
Details o	T COSTS INVOIVED.	
Details o		

•							
	···						
_					 		
_							
_							
_							
_							
_ _ Det	ails of	costs	involve	d:		91.	(a 187
_ Det	ails of	costs	involve	d:		21.	
Det	ails of	costs	involve	d:			
Det	ails of	costs	involve	d:			
Det	ails of	costs	involve	d:			
Det	ails of	costs	involve	d:			
Det	ails of	costs	involve	d:			

	To a first and the second
	State Street
ata maganta in mgo mar	langua da a manga kandi lagang
Details of costs involved:	
	A Standard Augustei

Total estimated costs: €	
Source of funds:	
Residents contribution/collection €	
Grant required to complete work: €	
Bank Account details:	
Account no:	
Sort Code:	
Current Bank Balance: Please Submit Copy of Accounts etc.	
Name and Address of Bank:	
Signed by:	
Position:	

Please send your *completed* application form to:

<u>or</u>

Natasha Moriarty
Tenant Liaison Officer
Estate Management
Laois County Council
County Hall
Portlaoise

Tel. No.: 057 86 74303

Brid Carroll
Assistant Staff Officer
Estate Management
Laois County Council
County Hall
Portlaoise
05786 74356

IMPORTANT DOCUMENT

PLEASE COMPLETE THE FOLLOWING DETAILS AND RETURN IT WITH THE GRANT APPLICATION FORM

Name of Resi	dent Association:	 	
Chairperson			
Name:			
Address:			
Tel No:			
Comotomy			
Secretary			
Name:			
Address:			
Contact No:			
Treasurer			
Name:	<u> </u>		
Address:			
Contact No.			

de l'air Uitre Alle Alle an Phraeile ann an 181 an 181 a

to the property of the property of

a stable.

the second secon