

## Expression of Interest Form for Bidders

### Essential Criteria

1. You must be an individual or community group providing a service in, or benefit to the Newry, Mourne and Down District Council area.
2. Your project must promote Good Health and Wellbeing in the District. See [www.newrymournedown.org/communities-leading-change](http://www.newrymournedown.org/communities-leading-change) for more details
3. You can apply for funding up to £1000.00. **We will always receive more applications than we have funding for.** Therefore, not everyone will be successful. However, there are a range of alternative funding sources that you may be able to access. Communities Leading Change partners will be available to advise you if required.
4. You **must** be able to **deliver** your project by 31 March 2026 if successful.
5. Have any legal permission and all necessary insurance to carry out your project
6. Allow your project to be used in any promotional material
7. Submit your application by 25/08/2025 at 5pm
8. You must attend a voting event to promote your project at a time and date specified (sept/oct 2025)
9. You must attend a Celebration event to showcase your completed projects to the community May 2026.
10. Full verification is required for 5% of the successful groups (random sample) (please retain all bank statements, invoices, receipts for this process)

### 1. Contact Details (if under 18 please ask a supporting adult to complete on your behalf)

Name:	
Address:	Daytime Telephone No:
	Mobile No:
	Email:
Postcode:	
Group / Organisation name:	Project name:
Do you have a constitution: Yes <input type="checkbox"/>	No: <input type="checkbox"/>
Downpatrick DEA: <input type="checkbox"/>	Newry DEA: <input type="checkbox"/>
Rowallane <input type="checkbox"/>	Crotlieve <input type="checkbox"/>
Slieve Croob <input type="checkbox"/>	Slieve Gullion <input type="checkbox"/>
The Mournes <input type="checkbox"/>	



## 2. Project Details

Please summarise the project you would use the money for in **30 words** (this will be used in publicity material):

Please describe how your project promotes health and wellbeing in your DEA?

<b>How much money are you applying for?</b>	£
<b>How do you plan to spend the money you receive?</b>	
Item	Cost
	£
	£
	£
	£
	£
	£
	£
Total	£

What difference will the project make and who will benefit?



Please tell us how many people you think your project will help?	
When will you deliver your project (by 31 March 2026)	
Do you have a bank account to which the funds would be payable? Personal accounts not accepted.  (Complete Attached BACS Form)	

Do you require any adjustments to be made to help you with your application? E.g. disability, language etc.
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Please confirm that you have read and understand the Terms and Conditions (if you are under 18 please ask a consenting adult):

Signature:

Date:

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