

TIDY TOWNS GRANT SCHEME 2024 APPLICATION FORM

NAME OF GROUP / ASSOCIATION	ON						
SUPPLIER NO.							
CONTACT PERSON FOR CORRE	SPONDENCE						
ADDRESS							
CONTACT TEL. NO.							
EMAIL ADDRESS							
MUNICIPAL DISTRICT							
M.D. CONTACT PERSON							
TELEPHONE		0818	06	5000			
EMAIL							
DID YOU ENTER THE SUPERVALU 2023 TIDY		YES			<u>NO</u>	ENTER SCORE RECEIVED	
TOWNS COMPETITION?							
PPN					<u> </u>	<u> </u>	
SIGNATURE							
DETAILS OF PROPOSED WORKS		SEE PAGE 2					
TERMS & CONDITIONS		APPLICATIONS MUST BE REGISTERED WITH PUBLIC PARTICIPATION NETWORK					
		2)				ECENT BANK STATEMENT	
		3) SUBMIT A COPY OF INSURANCE COVER					
				CLOCING DAT	T FRIDAY	45TH MADCH 2024	
		CLOSING DATE - FRIDAY, 15 TH MARCH, 2024 PLEASE RETURN COMPLETED FORM TO					
		YOUR MUNICIPAL DISTRICT OFFICE					
	DDOIECTS N	ALIST DE	CON	ADI ETEN DEE	ODE EDIDA	V 12TH CEDTENADED 2024	
	F NOJECTS IV	MUST BE COMPLETED BEFORE FRIDAY, 13 TH SEPTEMBER, 2024					
		SCHEDULE PLAN					



TIDY TOWNS GRANT SCHEME 2024 APPLICATION FORM

DETAILS OF PROPOSED ENVIRONMENTAL WORKS		
TOTAL COST OF PROJECT		
DATE OF COMPLETION OF WORKS		