CAOGA
Cumann Árachais Oifigeach an Ghnáth-Airm
Registered under the Friendly Society Act (1896)

CAOGA BENEVOLENT FUND

APPLICATION FOR GRANT

GUIDANCE NOTES FOR APPLICANTS

1. The CAOGA Benevolent Fund is financed by monthly subscriptions and is administered by the CAOGA Management Committee.

2. The purpose of the fund is to provide financial assistance to members who, through no fault of their own, find themselves in financial stress due to unforeseen circumstances.

3. All applications for assistance from the CAOGA Benevolent Fund must be made on the official application form. It is recommended that applicants seek the assistance of their local CAOGA representative or the CAOGA Secretary in completing the form.

4. The CAOGA Management Committee meets monthly, usually on the last Thursday of each month. Applications for assistance should be forwarded through the CAOGA representative or directly to the Secretary.

5. Applicants are required to read the application carefully, completing all sections and including any supporting documents/invoices/bills in support of their application. Any incomplete applications will be returned, thus delaying a decision on your application.

6. Applicants are reminded that all dealings with the CAOGA Benevolent Fund are confidential, and any outcomes must not and will not be discussed with any other party.

Defence Forces Headquarters, McKee Bks, Dublin D07 A065
Telephone: 01 – 8042785, 2786
Fax: 01 – 8042784
info@caoga.net www.caoga.net

CAOGA BENEVOLENT FUND APPLICATION

1. Have you previously applied for assistance? Yes/No

   If yes, please complete the box below:

DATE OF CLAIM	AMOUNT RECEIVED	REASON FOR ASSISTANCE

2. Please outline the unforeseen circumstances and the financial distress caused that has led to your application for assistance. Attach additional pages if required.

3. Please state the amount of assistance sought: €_____

4. Please detail, in order of priority, how this will be distributed:

Amount €	**To whom payable**	**Reason for payment**	**Types of supporting documents/bills attached**

5. Have you applied to any other source for assistance? Yes/No

6. Are any of your expenses covered by insurance? Yes/ No

I certify that, to the best of my knowledge, the information contained in this application is correct. I authorise the CAOGA Management Committee to carry out any enquiries considered necessary to verify any particulars given. **I understand that any incorrect statement may be regarded as an endeavour to obtain assistance under false pretences and may lead to the rejection of the application.**

Signed: _____ **Date:** _____

Approved: _____ **Date:** _____

Chairman

_____

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