

**CLÁR Funding 2019**

**Project Overview for**

**Measure 3(c) Sensory Gardens**

**Local Authority Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Contact Person:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No:** |  |
| **Project implementation directly by the Local Development Company (LDC) (Yes/No)**  **Please provide contact details, if applicable;** |  |

**Local School/Community Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Contact Person:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No:** |  |

**Project Information**

|  |  |
| --- | --- |
| **Name of the Applicant/Organisation/Group** |  |
| **Location of the proposed works, if different from above:** |  |
| **Are these works part of a greater project Y/N**  **If Yes, please provide details** |  |
| **Summary of the proposed project to be funded:** | |
| **Was an application in respect of this facility approved under CLÁR or any other scheme in the past 3 years (Y/N)**  **If yes, please provide details.** |  |
| **Has an application for funding for this project been submitted to any other scheme or programme in the past (Y/N)**  **If yes, please provide details.** |  |
| **Rationale for the selection by the LA, including detail from LECP/similar, where relevant** |  |

I confirm that the particulars of this application are correct and that

* The project is based in a CLÁR area
* Match funding is available and ringfenced for the project
* All necessary permissions are in place
* Evidence of ownership/lease is available (if applicable)
* The facility is/will be open to the public without appointment,
* The project conforms to the the LECP and/or other local or regional plans, and
* No funding has been allocated for the same project from any other sources.

**Signed :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Use Only**

**Proof of the above is not required at the time of application but must be available to the Department or its agents on request**.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Local Authority Director of Services**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**