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| **Department ID** |  |

**CLÁR Funding 2018**

**Application form for submission to the Department of Rural and Community Development**

**Measure 1: Support for Schools/Community Safety Measures ( 90% Funding Available)**

*Please see Appendix A in Scheme Outline for types of interventions and maximum funding available under this measure.*

**Measure 2: Support for Play Areas (including MUGA’s) ( 90% Funding Available)**

*Grants in the range of €5,000 to €50,000 are available under this measure.*

**Please note: It is important that this application is completed fully and accurately and that any additional/supplementary information required is also supplied to the Local Authoirty at the time of submission. Where necessary information is missing or incomplete this will have an effect on the outcome of the application as, the Local Authority will not be in a positon to follow up regarding any queries. If applying for both Measures seperate Application Forms must be completed and submitted with all relevant documentation.**

**Applicant Information:**

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| --- | --- |
| **Project Name:** |  |
| **Measure Being Applied For:** |  |
| **Contact Person:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone:** |  |

**Project Information**

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| **School/Community Name:** |  | |
| **School Roll Number if applicable:** |  | |
| **School/Community Address:** |  | |
| **Location/details of proposed works**  **DED Name:** |  | |
| **DED ID Number:** |  | |
| **Please list individual intervention(s) being applied for under Measure 1 ( if Measure 1 being applied for)-**  **-**  **-** | | |
| **Detailed Description of works proposed :** | | |
| **Rational/need for the works:** | | |
| **Rational for selection by the LA, including extracts from LECP/other where relevant:** | | |
| **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 year (Y/N)**  **If yes, please provide details.** | |  |
| **Is a copy of the original application, submitted by the School/Community Group to the LA, attached (Y/N)**  **If no, please provide an explanation.** | |  |
| **Are all necessary permissions in place (Y/N/NA)** | |  |
| **Where necessary permisisons are in place, is documentary evidence attached (Y/N)** | |  |
| **Where necessary permissions are not in place, please provide any relevant information.** | |  |
| **Has evidence of ownership/lease been provided (Y/N/NA)** | |  |
| **Total cost of project:** | | **€** |
| **% Match Funding being provided:**  **(Min. of 5% must be cash contribution from Applicant)** | | **€** |
| **Has evidence of the availability of Match Funding been provided (Y/N)** | |  |
| **Adminstration/Professional fees element of funding if applicable (not more than 12.5% of overall project cost)** | | **€** |
| **Amount being sought under this CLÁR application** | | **€** |
| **Is a full breakdown of the estimated cost (quotations)attached (Y/N)** | |  |
| **If you wish to provide any additional information to support the application : Please complete the section below or attach separately.** | | |
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Details of Bank or Financial Institution where grant will be paid:

Name and Address of Bank/Financial Institution\*

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Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Grants will only be paid into a Bank, Credit Union or Post Office Account

**Details of insurance policies held by the group/organisation**

(Please provide specific indemnity of Cavan County Council on your public liability policy and copy of same with your application):

Please include the following when submitting application

* Evidence where applicable that ownership/lease/Planning Permission is in place
* Full estimated costings ( Evidence of Procurement will be required )
* Evidence that Matched Funding is in Place
* Clear Evidence of Need

**CLOSING DATE WEDNESDAY 18th April 2018.**

Form to be returned to: John Donohoe Community and Enterprise, Cavan County Council Farnham Street Cavan. Further forms can be obtained by email from Theresa Tierney at [ttierney@cavancoco.ie](mailto:ttierney@cavancoco.ie) or by phone 049 4378587 or by www.cavancoco.ie/community