

**SUBSIDY TOWARDS THE  
OPERATIONAL COSTS OF A  
GROUP WATER SCHEME**

**APPLICATION FOR  
ANNUAL SUBSIDY PAYMENT      SUBSIDY A  
& B**

**WS 1 Ann.**

NOTE: This claim and all required documentation must be submitted by 30 June following the year to which the claim relates.

The same Application Form should be used to apply for Subsidy A and B. The additional information required for Subsidy B need not be supplied where a group water scheme is only applying for Subsidy A.

EXPLANATORY NOTES:

Please read the Explanatory Memorandum for the subsidy scheme before you complete this form. Parts 1- 5 must be completed in all cases.

Part 6 should only be completed in the absence of Audited Accounts by a person acceptable to the local authority having regard to the nature and amount of the expenditure involved.

**PART 1: GROUP SCHEME DETAILS (TO BE COMPLETED IN ALL CASES)**

Local Authority Name: \_\_\_\_\_

Year to which application relates: \_\_\_\_\_

GWS Name: \_\_\_\_\_

STATUS of Group (*Please tick relevant* )

Registered Co-op  Limited Company  Other (please specify)

\_\_\_\_\_

Co-op or Company Registered Number: \_\_\_\_\_

Co-op or Company Registered Office: \_\_\_\_\_

Group Scheme Secretary or Manager:

Name: \_\_\_\_\_

Position: \_\_\_\_\_ (*Secretary or Manager*)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of last Annual General Meeting: \_\_\_\_\_ (enclose a copy of the AGM Notice)

**BANK ACCOUNT DETAILS - SUBSIDY A PAYMENT**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account No.: \_\_\_\_\_

**BANK ACCOUNT DETAILS - SUBSIDY B PAYMENT**

*(Separate dedicated account required for Subsidy B payments)*

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Account No.: \_\_\_\_\_

**Direct Debit arrangements in place** Yes  No

**GROUP SCHEME DETAILS (SOURCE AND TREATMENT PROVIDED)**

**SOURCE** of supply: Local Authority  Private

Average daily demand over the past 12 months: \_\_\_\_\_ 000 gals/cubic metres

**WATER TREATMENT PROVIDED:** Yes  No

If YES give details of treatment:

“Bona Fide” DBO O&M contract: Yes  (See Part B 4.1)

Name of Contractor : \_\_\_\_\_

Other Treatment Contract :

Specify (including name of Contractor if applicable):

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**GROUP SCHEME DETAILS (CONNECTIONS AND VOLUME SUPPLIED )**

**NUMBER OF CONNECTIONS TO THE SCHEME (for the year to which the claim relates):**

*(List of consumers and types of connections must be enclosed with application form)*

	<i>Number</i>
A. House-only	_____
B. House and Land/Business connections (i.e. combined connections)	_____
C. Land/Business only connections	_____
D. Other connections (e.g. schools, etc)	_____

**DETAILS OF WATER SUPPLIED BY THE GROUP FOR YEAR ENDED 31 December 20\_\_\_\_ .**

Total Supplied: \_\_\_\_\_ (000 gals/ cubic metres)

Domestic Use: \_\_\_\_\_ (000 gals/ cubic metres)

Non-Domestic use: \_\_\_\_\_ (000 gals/ cubic metres)

Estimated unaccounted for Water: \_\_\_\_\_ (000 gals/ cubic metres)

Based on :

Metered Usage Reading

Estimated Usage

**PART 2 SUMMARY DETAILS OF SUBSIDY CLAIM:**

APPROVED AND SIGNED AUDITED ACCOUNTS MUST BE ENCLOSED. THE ITEMS SPECIFIED BELOW (1–7) MUST APPEAR AS SEPARATE ENTRIES IN THE INCOME AND EXPENDITURE ACCOUNT.

**Strand A: Subsidy towards the general operational and management costs of Group Water Schemes**

**Costs incurred on :**

- 1. monitoring of water quality € \_\_\_\_\_
- 2. charges levied by Supervisory Authorities in respect of monitoring (S.I. 278/2007) € \_\_\_\_\_
- 3. all treatment and disinfection consumables (non O&M) € \_\_\_\_\_
- 4. the implementation of a Quality Assurance System € \_\_\_\_\_
- 5. relevant training of personnel in the management and operation of water supply systems € \_\_\_\_\_
- 6. maintenance of Source protection measures € \_\_\_\_\_
- 7. Affiliation fees NFGWS
- 8. Operation and Maintenance Contract Payments on :
  - a. Fixed Element € \_\_\_\_\_
  - b. Volumetric Element € \_\_\_\_\_
- 9. “bona fide” O & M related costs
  - a. the operation of the performance management system (PMS) € \_\_\_\_\_
  - b. Retention of an Employer’s Representative for the O&M phase € \_\_\_\_\_
  - c. Independent compliance Audit € \_\_\_\_\_
- 10. Other operational costs € \_\_\_\_\_

**QUALITY ASSURANCE, CHARTER OF RIGHTS AND WATER CONSERVATION**

**QUALITY ASSURANCE SYSTEM**

Being implemented Yes  No

Training Sought Yes  No

Type of QA System : \_\_\_\_\_

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*Confirmation must be enclosed*

**CHARTER OF RIGHTS**

*Adopted*

Yes

No

Date \_\_\_\_\_

*Confirmation must be enclosed*

**WATER CONSERVATION MEASURES**

*Implementing Measures*

Yes

No

*Details :* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART 3: DECLARATION OF OFFICERS**

We the Officers of \_\_\_\_\_ apply for the Annual subsidy payment(s) towards the operational costs of \_\_\_\_\_ Group Water Scheme in respect of the year ended 31<sup>st</sup> December 20\_\_\_\_.

We direct that payment be paid to the group's bank account as detailed on Page 3.

We declare that

- The Group Scheme is compliant with the terms and conditions for payment of subsidy
- The Information provided is correct to the best of our knowledge and belief
- We are willing to undertake responsibility for accepting subsidy on behalf of group members for the purpose of defraying operational costs
- The listing of members supplied with this application is an up to date listing of all members on the scheme for the year to which the claim relates
- We are aware that future advance payments of subsidy will be based on information supplied in this application and we will notify the relevant authority of any significant change which might affect entitlement to same.

Signed: \_\_\_\_\_  
Position : Chairperson (Name in Block Capitals)

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

Signed: \_\_\_\_\_  
Position : Secretary/Manager (Name in Block Capitals)

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

Signed: \_\_\_\_\_  
Position : Treasurer (Name in Block Capitals)

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





**PART 5 - CHECKLIST OF ITEMS THAT MUST ACCOMPANY THIS CLAIM**

Full listing of all scheme members at end of year to which claim relates. Listing should distinguish the type of member – Domestic only, Domestic and Business/land, Business/land only or Other.	
Copy of Annual Return to Registry of Friendly Societies / Companies Office	
Signed and approved Audit Accounts for the year to which the claim relates.	
Where audit accounts are not provided, Part 6 must be completed and documentary evidence of all expenditure submitted with the application.	
Current tax clearance certificate	
Copy of Notice of last Annual General Meeting	
Confirmation - Implementation /Training - Quality Assurance System	
Confirmation - Adoption of Charter of Rights	
<b>Subsidy B only</b> - Confirmation in respect of Domestic Consumers :	
No Standing or Flat Rate charge	
Free water Allocation up to 227 M <sup>3</sup>	

TO BE COMPLETED ONLY

- **if signed Auditor's Report and full audit accounts are not attached.**
- **by a person who is otherwise acceptable to the local authority having regard to the nature and amount of the expenditure involved.**

I have examined the expenditure account of \_\_\_\_\_ Group Water Scheme for year ending 31st December, 20\_\_\_\_. In my opinion the accounts give a true and fair view of the operational costs of the scheme for the period in question.

I have obtained all the information and explanations which I considered necessary. In my opinion, the group scheme has kept proper books with which the accounts are in agreement.

All conditions relating to the Subsidy Scheme

Name: \_\_\_\_\_

Office Stamp

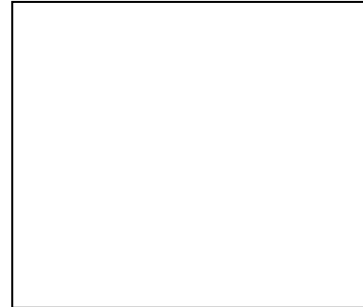
Address: \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_

Qualification: \_\_\_\_\_

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



**Part 6 : Summary**  
**Annual Subsidy Claim Form**

\_\_\_\_\_ **Group Water Scheme**

**Qualifying Expenditure for Year Ending** \_\_\_/\_\_\_/\_\_\_

Qualifying expenditure for the purposes of subsidy is non-capital expenditure incurred during a financial year, by a group water scheme on the operational costs of supplying domestic water to the members of the group.

	€
<b>Goods and Services supplied by Contractors</b>	_____
<b>Wages and Salaries of full or part-time employees</b>	_____
<b>Other Expenditure</b>	_____
<b>Total</b>	_____
<b>Less Advance Payment Received</b>	_____

Advance payment refers to any interim subsidy payment/s made by the local authority in respect of the group water Scheme for the year in question.

**Net Amount Due** € \_\_\_\_\_

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<b>Item / Service</b>	<b>Contractor / Employee / Supplier</b>	<b>Amount Paid €</b>	<b>Date Paid</b>	<b>C2 Cert No. / RSI No.</b>	<b>Tax Clearance Expiry Date</b>	<b>VAT Reg. No.</b>	<b>Receipts Attached  Yes/ No</b>