

Minor Tourism Related Works Grant Scheme 2024



**Comhairle Contae
Dhún na nGall**
Donegal County Council

APPLICATION – Community Led Projects

SECTION 1: The Applicant

Municipal District:	
Applicant Group Name:	
Group Address for Correspondence:	
Eircode:	
Email address:	
Telephone Number:	
Contact Name:	
Contact Mobile Number:	
Contact's position in the Group:	
Vat Number (If applicable):	
Project Title:	
Project Cost:	€
Project Funding requested:	€

SECTION 2: The Project

1. **Outline details of the project, site location, works required, nature and scope of the project, how it is to be undertaken etc.** *Please attach all relevant documentation with this application e.g. site map, site layout plans, etc*

2. **Outline how the proposed works will enhance the tourism offering in your area.**
– please provide a detailed summary of the proposed works as funding is limited and all applications will be assessed on a competitive basis.

3. Breakdown of Costs: *Please provide detailed costings of the Project*

<u>Details of item(s)</u>	<u>Costing €</u>

4. Ownership/Permission: *Please provide evidence of ownership or written permission from the owner to undertake proposed works*

Name, Address and contact number of owners:

Folio No:

5. Expected duration of the Project/Timeframe:

Expected duration of Project: _____

I confirm that this project will be delivered by 30/06/2025



6. **Statutory and Regulatory Obligations:** *Please provide details of any statutory or regulatory obligations the project may require (eg. Planning permission) and proof of compliance.*

I confirm that all statutory and regulatory obligations will be adhered to

7. **Have other funding sources been sought for this project?** *Please provide details of other sources of funding received/being sought for this project.*

8. **Any additional Information.** *If there is any relevant additional information you would like to add to this application, please do so.*

SECTION 3: Declaration

Declarations, Disclosures & Signatures

Understanding the Guidelines

I/We have read and understood the guidelines and criteria applicable to the Minor Tourism Related Works Grant Scheme and agree to comply in full therewith.

Tick as appropriate

Yes

No

A Competitive Grant Process

I/We understand that the Minor Tourism Related Works Grant Scheme is a competitive grant process and know that there is no guarantee of funding.

Yes

No

No Displacement to existing business

I/We confirm that this project will not cause displacement to an existing business or project within the same catchment area.

Yes

No

Accuracy of Information Provided

I/We certify that all information provided in this application, and all information given in any documentation submitted in support of the application is truthful and accurate.

Yes

No

Legal Obligations

I/We have taken steps to ensure that all legal, statutory and regulatory obligations associated with the project will be complied with.

Yes

No

Freedom of Information

I/We understand the implications of Donegal County Council's responsibilities in reference to the Freedom of Information Act 2014.

Yes

No

Signed

**Name:
(in block capitals)**

**On behalf of:
(organisation's name)**

Date

Submitting an application.

Completed forms and attachments should be submitted via email **only**:

Email to: tourismworks2024@donegalcoco.ie

Subject/Title: Include **MTRWGS** as the subject/title of email.

An email acknowledging receipt of the application will be issued. If you do not receive an email acknowledgement, please phone 074-9153900

Closing time/date for receipt of applications: by 5pm Thursday March 28th

IMPORTANT:

Applications received after this time/date will be deemed ineligible.

For further information contact Marion Callaghan by phone 074-9153900 or by emailing tourismworks2024@donegalcoco.ie