**Department of Rural and Community Development**

**Local Enhancement Programme 2024**

**Applications under the ring-fenced fund for Women’s Groups**

**NOTE: Closing Date is** **Monday 26th February 2024 at 3.30pm**

 ****

**FOR OFFICE USE ONLY**

Date Received:

Reference Number:

LCDC recommendation:



Women’s Group Name:

**ALL APPLICATIONS ARE TO BE RETURNED TO:**

**Donegal LCDC, Community Development Section,**

**Donegal County Council, Station Island, Lifford, F93 X7PK, Co Donegal**

**Or by email to** [**LEP2024@donegalcoco.ie**](mailto:LEP2024@donegalcoco.ie) **on or before the closing date**

**By 3.30pm on Monday 26th February 2024**

**CLOSING DATE WILL BE STRICTLY ADHERED TO.**

**Please read the Application Guidelines for the ‘Local Enhancement Programme 2024’ before completing this form.**

**Department of Rural and Community Development**

**Local Enhancement Programme 2024**

**Ring-fenced fund for Women’s Groups**

The Department of Rural and Community Development (“the Department”) has allocated funding of €1 million to support Women’s Groups across Ireland.

This is a ring-fenced fund under the Local Enhancement Programme 2024[[1]](#footnote-1). The application process is being administered by Local Community Development Committees (LCDCs).

Applications for this funding can be made on this application form. Women’s Groups are eligible to apply, once they meet the LCDC’s qualifying criteria.

It envisaged that this funding would, in general, be allocated in a relatively equal manner across Women’s Groups that submit valid applications.

##### TERMS AND CONDITIONS

* The group must be based in County Donegal to qualify for this programme.
* The ring-fenced funding under the Local Enhancement Programme will support Women’s Groups, particularly in disadvantaged areas, to carry out necessary repairs and improvements to their facilities and purchase equipment.
* This is a **capital** funding scheme. The scheme does not provide funding for the pay or employment of staff, or towards current ‘operating’ costs such as utility bills, etc.
* The information supplied by the applicant Women’s Group must be accurate and complete.
* Inaccurate or incomplete information may lead to disqualification and/or the repayment of any grant made.
* All information provided in respect of the application for a grant will be held electronically. The Department reserves the right to publish a list of all grants awarded on its website.
* The Freedom of Information Act applies to all records held by the Department and Local Authorities, including applications received and any additional correspondence related to the application.
* The application must be signed by the Chairperson, Secretary or Treasurer of the Women’s Group.
* It is the responsibility of each organisation to ensure that it has proper procedures and policies in place including appropriate insurance where relevant.
* Applications must be on the application form for 2024.
* Evidence of expenditure, receipts /invoices must be retained and provided to the LCDC, the Department of Rural and Community Development, the relevant local authority or any agent acting on their behalf if requested.
* Grant monies must be expended and drawn down from the LCDC by **6th December 2024.**
* The Department of Rural and Community Development’s contribution must be publicly acknowledged in all materials associated with the purpose of the grant.
* Generally no third party or intermediary applications will be considered.
* Late applications will not be considered.
* Applications by post should use the correct value of postage stamps and allow sufficient time to ensure delivery not later than the closing date of **Monday 26th February 2024 at 3.30pm.** Claims that any application form has been lost or delayed in the post will not be considered, unless applicants have a Post Office Certificate of Posting in support of such claims.
* Applications will be accepted by email to [LEP2024@donegalcoco.ie](mailto:LEP2024@donegalcoco.ie) on or before **Monday 26th February 2024 at 3.30pm**.
* Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.
* Please ensure the application form is completed in full. Incomplete applications will not be considered for funding.
* In order to process your application it may be necessary for Donegal County Council to collect personal data from you. Such information will be processed in line with the Local Authority’s privacy statement which is available to view on <https://www.donegalcoco.ie/footer/dataprotectionstatement/>

**All questions on this form must be answered. Please write your answers clearly in block letters.**

## SECTION 1 – YOUR ORGANISATION

|  |  |
| --- | --- |
| **Name of Women’s Group** |  |
| Address |  |
| Eircode |  |
| Contact name |  |
| Role in Group |  |
| Telephone number |  |
| E-mail |  |
| Website |  |
| Alternative Contact name |  |
| Alternative Telephone number |  |
| Alternative E-mail |  |

**Successful applications for funding under this programme will only be paid to the applicant organisation’s Bank/Credit Union Account.**

**Please ensure you submit your Bank/Credit Union Account details with the application – i.e. recent Statement. Failure to submit same will deem the application invalid.**

* **If successful, you must have a bank account in the group’s name and any payments made by the group must show on the bank statement of the group.**

Charitable Status Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Reference Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Clearance Access Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Failure to provide Charitable Status No or Tax Reference No or Tax Clearance Access No relevant to your group will deem application invalid**

**Section 2: Description of Activities**

Please provide a description of your Women’s Group, including information on the number of members, the organisational structure of your group, your group’s aims, whether there is any criteria for membership, the main focus of the activities of your group, etc.

**SECTION 3 – Project Details**

How much funding are you applying for? Tick one of the below options only.

Small scale grant of €1,000 or less

Large Grant of €1,000 to €3,000 maximum

What will the funding be used for?

**­­­­­­­­­­­­­­­­­­­­­­­­­­­**

|  |  |  |
| --- | --- | --- |
| Amount being applied for: | € | |
| Is this amount the partial or total cost of the purchase or works: | Partial | Total |
| If partial, please give the estimated total cost: | € | |

**Important note:**

**Please include estimates/quotes from a minimum of three different independent suppliers with this form.**

* **Eligible expenditure can be incurred between the dates of 29th January 2024 and 6th December 2024.**

Please state how your Women’s Group proposes to acknowledge the Department, LA or LCDC.

**Note:** Depending on the amount being applied for, this could be as simple as including an acknowledgement on notices/signs, or in any newsletters that are being produced locally.

­­­­­­­­­­­­­­­­­­­­­­

­­­­­­­­­­­­­­­­­­­­­­

Please input exact location (X-Y co-ordinates) of where the proposed project will based.

Y ITM

X ITM

This information is required in **ITM format.** The simple guide we have provided with this form will show you how to find these on <https://irish.gridreferencefinder.com/>

**SECTION 4 - DECLARATION**

* I declare that the information given in this form is correct.
* I confirm I have read and fully understand the Terms and Conditions of this Programme (see page 2-3 of this form).
* I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.
* I confirm that the Women’s Group does not have the funding to undertake the work/project without this grant aid or alternatively that with the grant the Group will now undertake a larger project which they otherwise would not be able to afford.
* I confirm that the applicant Group is tax compliant (if tax registered).

**CHECKLIST:**

**Signed and completed Application Form □**

**Copy of recent Bank Statement/Credit Union Statement in groups name □**

**Details of Charitable Status or Tax Reference or Tax Clearance Access No □**

**Small Grant - 3 no Estimates/Quotations where necessary □**

**Large Grant - 3 no Estimates/Quotations where necessary □**

|  |  |
| --- | --- |
| **Name in block capitals (on behalf of Women’s Group):** |  |
| **Signature:** |  |
| **Position held (block capitals):** |  |
| **Date:** |  |

1. The Department operates the Local Enhancement Programme through the Local Community Development Committees (LCDCs). It is a grant programme that provides funding to enhance facilities in disadvantaged areas. The Department committed to funding of €6 million for this programme. The €1 million fund which is ring-fenced for Women’s Groups is part of the €6 million. [↑](#footnote-ref-1)