

**CLÁR Funding 2024**

**Application form for Measure 3 ‘*Our Islands’***

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| **Name of Applicant/Organisation:** | |  |
| **Contact Person and Position Held:** | |  |
| **Address:** | |  |
| **Email:** | |  |
| **Telephone:** | |  |
| **Location / general area of operation:** | |  |
| **District Electoral Division (DED) Name and ID:**  <https://assets.gov.ie/3118/201118151156-877e213445e54444a6cf1fdb9300cf45.pdf> | |  |
| **Please provide the Eircode or XY (ITM format) Co-ordinates:**  Xy coordinates should be captured in Irish Tranverse Mercator (ITM) formats. Coordinates can be converted to ITM format here: <https://gnss.osi.ie/new-converter/>. This data will be used to geo-map all successful projects. | |  |
| **Summary description** **of the proposed project (**max 500 words): | |  |
| **Is the organisation formally established; (Y/N);** | |  |
| **Detail regarding status and establishment of organisation/group attached (Y/N):** | |  |
| **Does your organisation operate on a voluntary basis (Y/N):**  Please provide details. | |  |
| **If your organisation is not operated on a voluntary basis, provide details:** | |  |
| **Does the applicant own the property or is there a minimum 15 year lease in place:**  Please provide details |  | |
| **For non vehicular projects, is the amenity free and open to the public without any restrictions:** |  | |

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| **Provide a short description of your organisation and it’s current activities which support the requirements in the Scheme Outline:** |
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**Detailed Costings for Proposed Project:**

Please provide detailed breakdown of all elements of the proposed works including any administration/other fees/costs:

1. **Island Community Transport**

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| **Provide a detailed outline of the vehicle(s) and/or adaptation(s) proposed under this application** (7 seater/8 seater/ minibus etc. and electric/hybrid/petrol/diesel etc.): |
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| **Outline the need and the rationale for this service:** |
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| --- | --- |
| **Total cost of vehicle:** | € |
| **Total cost of fitout (if applicable)** |  |

|  |  |
| --- | --- |
| **Total cost of PV Solar Panels (if applicable):** | € |
| **Total cost of Electric Charging Point (if applicable):** | € |
| **Total Cost** (vehicle, PV solar panels and electric charging point): | € |
| **Funding amount sought:**  (Maximum 90% of total cost) | € |
| **Match Funding/Cash Contribution:**  (Minimum 10% of total cost for hybrid/electric vehicle) | € |
| **Source of Match Funding** e.g. fundraising,philanthropic body etc.: |  |

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| --- | --- |
| **Evidence of Match Funding attached (Y/N):**  (e.g. bank statement showing balance available or similar) |  |
| **Required quotation/s attached (Y/N):** |  |
| **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. |  |
| **Has an application for funding for this project been approved for any other scheme or programme in the past 3 years (Y/N):**  If yes, please provide details. |  |
| **Are your transport services provided free of charge** **(Y/N):**  Please provide details. |  |
| **If there is a nominal charge for the transport service, provide details;** |  |
| **Is there currently a transport service on the Island? (Y/N):**  Please provide details. |  |
| **Do you have volunteer drivers with the necessary licence to drive the vehicle being applied for, if applicable (Y/N):**  Please provide details. |  |
| **Will your organisation be in a position to provide the necessary insurance, tax and ongoing maintenance of the vehicle (Y/N):**  Please provide details. |  |
| **Is there permission from the landowner to erect the solar panels and electric charging point:**  (please attach evidence) |  |

1. **Outdoor Community Recreation Amenities**

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| **Outline the need and rationale for this facility:** |
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| **Project Elements**  (provide details of each element ) | **Cost (inc. VAT)** | |
|  | € | |
|  | € | |
|  | € | |
|  | € | |
| **Professional fees:**  (e.g. architectural, engineering, survey costs) | € | **% of overall project**  % |
| **Total Cost** | € | |
| **Funding amount sought:**  (Maximum 90% of total cost up to €50,000) | € | |
| **Match Funding:**  (Minimum 10% of total cost) | € | |
| **Source(s) of Match Funding:** (LA/LDC/school/community/philanthropic body) |  | |

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| --- | --- |
| **Evidence of Match funding attached (Y/N):**  (e.g. bank statement showing balance available or similar) |  |
| **Required quotation/s attached (Y/N):** |  |
| **Is planning permission in place (if applicable)?**  Please provide reference number if decision pending |  |
| **Is landowners consent in place (if applicable)?** |  |

**Use of Data**

The information on this Application Form will be used by the Department of Rural and Community Development for the purposes of processing the application. Further information may be sought by the Department to clarify aspects of the project proposal

The Applicant and the Department are subject to the data protection and privacy laws of Ireland and the EU, in particular the Data Protection Act 2018 and Regulation (EU) 2016/679, known as the EU General Data Protection Regulation (“GDPR”).

The Department retains the right to disclose for the purposes of a request under the Freedom of Information Act 2014 or otherwise, in connection with the funded project(s) –

i. any information supplied by the Applicant to the Department,

ii. any relevant data gathered by the Department in administering grant aid to the project, except where the information is considered to be personal or commercially sensitive.

**Applicant Declaration**

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 (including planning, if applicable) are in place
* Evidence of ownership/minimum 15 year lease is available
* Any facilities funded will be open to the public without appointment and that the necessary insurance will be put in place
* The project conforms to the LECP and/or other local or regional plans

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

**Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**