

**![Resize Donegal Co Co (Brand) [F+1]]()**

**CLÁR Funding 2020**

**Project Application for**

**Measure 2: Community Recreation Areas**

**CLOSING DATE 12noon THURSDAY 9th JULY 2020**

**Local Authority Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Project Description**: (Less than 50 words) |  |
| **Contact Person:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No.:** |  |
| **Project implementation directly by the Local Development Company (LDC) (Yes/No)****Please provide contacts details, if applicable:** |  |

**Community Group Information**

|  |  |
| --- | --- |
| **Community Group Name:** |  |
| **Contact Person and Position Held:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No.:** |  |

**Project Information**

|  |  |
| --- | --- |
| **Community Facility Name:** |  |
| **Location of proposed works, if different from above:** |  |
| **Are these works part of a larger project Y/N:****If Yes, please provide details.** |  |
| **Outline the nature and scope of the works:** |
| **Outline of the need and rationale for the works:** |
| **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 (Y/N)?****If yes, please provide details.** |  |

**Statutory Notifications:**

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **If Yes: Enter Date Applied/Received** |
| Do the proposed works require or have they been granted planning permission? |  | Date applied:  |
| Planning Status: |
| Planning Ref. No: |
| Do any other Statutory Requirements apply? |  | Details:  |

**Other Grants and Reliefs:**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| Is VAT recoverable? |  |
| Has any other EU, Exchequer funding, or Tax Reliefs been applied for or received in respect of this project? |  |
| Have any other grants been applied for eg REDZ, CLAR, ORIS, RRDF Leader etcProvide- Details/Dates/Funding Amount: |  |
| Provide details of any pending applications for public funding for this Project- |  |

**Detailed Costings for Proposed Project:**

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

|  |  |
| --- | --- |
| Element 1, 2, etc. |  |
|  |  |
|  |  |
|  |  |
| **Total Cost** | € |
| **Funding amount sought:** **(Maximum 90% of total cost up to €50,000)** | € |
| **Match Funding:** **(Minimum 10% of total cost)** | € |
| **Amount of Cash Contribution:** **(Minimum of 5% of total cost)****Supplied by (LA/LDC/Community/Philanthropic body:** | € |
| **Any other relevant information:** |  |

**Declaration by the Applicant.**

|  |
| --- |
| I, the applicant, certify that:1. I understand and fulfil all the terms and conditions of CLAR2020 and as set out in the CLAR 2020 Scheme Outline.
2. The information as provided in the application and supporting documentation is correct, and I will notify Donegal County Council if there is any change in this regard.
3. Tax affairs of the Applicant/Community Group are in order.
4. Match funding is available and as outlined in the enclosed application detail.
5. The facility is/will be open to the public without appointment,
6. I understand that Donegal County Council or the Department for Rural and Community Development may make any enquiries that it considers necessary to establish my eligibility for a grant, and that the local authority’s and the Minister’s decisions are final

I hereby confirm that I have read and understand this document. I request that consideration be given in support of the project as outlined above.**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**Checklist for Applicants:**

|  |  |
| --- | --- |
| **The following Must Be Included in all applications to local authorities**  | **Owner****Yes/No** |
| Application Form fully completed  |  |
| Site Location Map – Proposed Project clearly marked in **RED** confirming the project is based in a CLAR area. |  |
| The project conforms to the the LECP and/or other local or regional plans  |  |
| Evidence of Tenure – *where appropriate* |  |
| Evidence of Statutory Consents – *where appropriate* |  |
| Match Funding is available and ringfenced |  |
| Written Confirmation of Match Funding  |  |
| Method statement attached – *as appropriate* |  |
| No funding has been allocated for the same project from any other sources. |  |

Please forward completed application and supporting documentation in pdf format to clar2020@donegalcoco.ie and before the Closing Date of **12noon on 9th July 2020**, marked **CLAR 2020 Measure 2**

**CLAR FUNDING 2020 – MEASURE 2:**

**COMMUNITY RECREATION AREAS**

**CLOSING DATE THURSDAY 12noon 9th JULY 2020**