

APPENDIX 1

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

**APPLICATION TO
_____ COUNCIL
FOR
SUBSIDY PAYMENT
(ANNUAL & ADVANCE)
SUBSIDY A & B**

NOTE:

This application form should be used to apply for Subsidy A and B Annual and Advance subsidy payments. It should be submitted;

- In the case of ***Annual Subsidy A claims*** – by the **30th June** following the year to which the claim relates.
- In the case of ***Advance Subsidy A claims*** – by the **30th June** of the year to which the claim relates.
- In the case of ***Annual Subsidy B claims*** – by the **30th June** following the year to which the claim relates.
- In the case of ***Advance Quarterly payment of Subsidy B***, as early as possible in the year to which the claim relates.

The additional information required for Subsidy B need not be supplied where a group water scheme is only applying for Subsidy A.

A local authority may seek any further information, documentation or other evidence it may reasonably require to enable it to determine the application.

EXPLANATORY NOTES:

Please read the Explanatory Memorandum (dated May 2015) for the terms and conditions for payment of subsidies before you complete this form.

Parts 1 & 2 together with the Declaration (Part 6) must be completed in all cases. In addition, parts 3, 4 & 5 must be completed in respect of all **Annual** Subsidy Claims

PART 1: GROUP SCHEME DETAILS – TO BE COMPLETED IN ALL CASES

Local Authority Name: _____

Year to which this application relates: _____

Group Water Scheme 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: _____

Applying for -

- Annual Payment Subsidy A
- Advance Payment Subsidy A
- Annual Payment Subsidy B
- Advance Subsidy B Quarterly Payment

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

GROUP SCHEME BANK ACCOUNT DETAILS - SUBSIDY A PAYMENT

Bank: _____ Branch: _____

Address: _____

Name on Account: _____

BIC NO: _____

IBAN NO: _____

GROUP SCHEME BANK ACCOUNT DETAILS - SUBSIDY B PAYMENT

(A separate dedicated bank account is required for Subsidy B payments)

Bank: _____ Branch: _____

Address: _____

Name on Account: _____

BIC NO: _____

IBAN NO: _____

Are arrangements in place for payments to O&M Contractor:

Yes

No

GROUP SCHEME DETAILS (SOURCE AND TREATMENT PROVIDED)

SOURCE of supply: Irish Water Private **Non** DBO
Private ~~%~~ Bona Fide+DBO*

Average daily demand over the past 12 months: _____000 gals/m³

Water Treatment Provided: Yes No

If YES please specify treatment below; -

- ~~%~~ Bona Fide+DBO* O&M contract:

Name of DBO Contractor: _____

- Other:

Give details (including name of Contractor, if applicable) below;

(* See B4.1 of Explanatory Memorandum, dated May 2015, for the definition of ~~%~~ bona fide+ Operation and Maintenance Contract, i.e. DBO Contracts)

PART 2: QUALITY ASSURANCE, CHARTER OF RIGHTS AND WATER CONSERVATION – TO BE COMPLETED IN ALL CASES

QUALITY ASSURANCE (QA) SYSTEM

Is QA being implemented: Yes No
 Training Sought: Yes No

Type of QA System: _____

Confirmation must be available for inspection.

CHARTER OF RIGHTS

Adopted: Yes No Date of adoption : _____

Confirmation of adoption must be available for inspection.

WATER CONSERVATION MEASURES

Is the scheme implementing Water Conservation Measures - Yes No

Please indicate the Water Conservation Measures undertaken (tick below as appropriate);

Proactive Leak Detection & Repair.	<input type="checkbox"/>	Usage Based Billing.	<input type="checkbox"/>	Member Communications	<input type="checkbox"/>
Bulk Meter Installation & Monitoring.	<input type="checkbox"/>	Telemetric Monitoring of Bulk Meters.	<input type="checkbox"/>	Water Audit.	<input type="checkbox"/>
Metering of Individual Connections.	<input type="checkbox"/>	Mains Refurbishment & Replacement.	<input type="checkbox"/>	Valve Replacements & Installations.	<input type="checkbox"/>

Other (please specify): _____

FOR ANNUAL SUBSIDY CLAIMS PLEASE GO TO PART 3

FOR ADVANCE SUBSIDY CLAIMS PLEASE GO TO PART 6 (DECLARATION)

PART 3: GROUP SCHEME DETAILS (CONNECTIONS AND VOLUME SUPPLIED) – TO BE COMPLETED IN RESPECT OF ANNUAL SUBSIDY PAYMENTS

NUMBER OF CONNECTIONS TO THE SCHEME (for the year to which the claim relates): COMPLETE FOR BOTH SUBSIDY A & SUBSIDY B.

(List of consumers and types of connections must be enclosed with application form – See Part 4)

Type of Connection	Number
Domestic Only	
Domestic and Land / Business (combined/mixed use connections)	
Land / Business Only	
Other (e.g. Schools, etc.)	

DETAILS OF WATER SUPPLIED BY THE GROUP FOR YEAR ENDED 31 December 20____.

Category	Volume	Units (delete as appropriate)
Total Supplied		000 gallons / m ³
Domestic Use		000 gallons / m ³
Non-Domestic Use		000 gallons / m ³
Estimated Unaccounted For Water		000 gallons / m ³

Based on:

- Metered Usage Reading
- Estimated Usage

SUMMARY DETAILS OF SUBSIDY CLAIM - TO BE COMPLETED IN RESPECT OF ANNUAL SUBSIDY PAYMENTS

APPROVED AND SIGNED AUDITED ACCOUNTS MUST BE ENCLOSED.

(FOR SMALLER SCHEMES, A STATEMENT OF ACCOUNTS TOGETHER WITH SUPPORTING DOCUMENTATION (E.G. PAID INVOICES) MAY OTHERWISE BE ACCEPTABLE TO THE LOCAL AUTHORITY, HAVING REGARD TO THE NATURE AND AMOUNT OF THE EXPENDITURE INVOLVED.)

THE ITEMS SPECIFIED BELOW MUST APPEAR AS SEPARATE ENTRIES IN THE INCOME AND EXPENDITURE ACCOUNT.

Subsidy towards the general operational and management costs of Group Water Schemes

Costs incurred on:

No.	Cost Item	Amount
1.	Monitoring of water quality	"
2.	Charges levied by Supervisory Authorities in respect of monitoring (S.I. No. 122 of 2014)	"
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 for NFGWS	"
8.	Costs in respect of the supply of water by Irish Water	"
9.	Other operational costs	"
10.	% bona fide+O&M Contract* Payments on:	
	(a) Fixed Element	"
	(b) Volumetric Element	"
11.	% bona fide+O&M Contract* 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	"

(*See B4.1 of Explanatory Memorandum, dated May 2015, for the definition of ~~%~~bona fide+ Operation and Maintenance Contract i.e. DBO contracts)

PART 4: LIST OF GROUP SCHEME MEMBERS, CONNECTION TYPE – TO BE COMPLETED IN RESPECT OF ANNUAL SUBSIDY PAYMENTS

Connection Types:

- **DO :** Domestic Only
- **DL/DB :** Domestic & Land/Domestic & Business
- **L/BO :** Land/Business Only
- **Com :** Commercial
- **Other :** GWS.s, LAs, Schools etc.

Name	Address(s)	Eircodes(s)	Connection Type (see above)

Additional pages should be included where required

PART 5: CHECKLIST OF ITEMS THAT MUST BE SUBMITTED IN RESPECT OF THIS CLAIM – TO BE COMPLETED IN RESPECT OF ANNUAL SUBSIDY PAYMENTS

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 Land/Domestic and Business (i.e. combined/mixed use connections); Land/Business only; Commercial/Other.	
Signed and approved Audit Accounts for the year to which the claim relates (for smaller schemes see A10 of explanatory memorandum).	
Current tax clearance certificate	
Copy of Notice of last Annual General Meeting	
Subsidy B only - Confirmation provided that there is No Standing or Flat Rate charge in respect of Domestic Consumers (e.g. a copy of a domestic member bill)	

PART 6: DECLARATION OF OFFICERS – TO BE COMPLETED IN ALL CASES

We the Officers of _____ Group Water Scheme apply for the Advance / Annual (delete as appropriate) subsidy payment(s), set out in this application, towards the operational costs of _____ Group Water Scheme in respect of the year ended ___/___/20_____.

We direct that payment be made to the group's bank account as detailed in Part 1.

We declare that

- The Group Scheme is compliant with the terms and conditions for payment of subsidy as set out in the Explanatory Memorandum dated May 2015,
- The Information provided is correct to the best of our knowledge and belief and, in our opinion, the scheme's accounts, which show expenditure of " _____ give a true and fair view of the operational costs of the scheme for the period in question and the scheme keeps proper books of account,
- We undertake responsibility for accepting the subsidy on behalf of group water scheme members for the purpose of defraying operational costs,
- 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,
- In the case of **Annual** Subsidy Claims, the list of members supplied with this application is an up to date listing of all members on the scheme for the year to which this claim relates,
- There is no standing or flat rate charges in respect of domestic consumers. (delete if not applying for Subsidy B).

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: _____