**Department of Rural and Community Development**

**COVID-19 Emergency Fund**

**FOR OFFICE USE ONLY**

Date Received:

Reference Number:





GROUP /ORGANISATION NAME:

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

**Donegal County Council**

**Community Development Section**

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

**Email:** [**lcdc@donegalcoco.ie**](mailto:lcdc@donegalcoco.ie)

**Tel: 087 3332193**

**By 3.00pm on Friday 24th April, 2020**

**Please read the Application Guidelines before completing this form.**

**Department of Rural and Community Development:**

**COVID-19 Emergency Fund**

**In 2020, this grant programme is providing grants to groups that are directly involved in the Community Call response to the COVID-19 pandemic.**

It is intended that the majority of the funding allocated to each Local Authority area will be ring-fenced for grants of **€1,000 or less**.

Local Authorities should distribute grants on a discretionary basis to those groups/organisations involved in the Community Call COVID-19 response locally.

Local Authorities can devolve this task to the LCDC if they deem it appropriate.

##### TERMS AND CONDITIONS

1. Grants will provide capital funding to groups that are directly involved in the Community Call response to the COVID-19 pandemic.
2. The information supplied by the applicant group /organisation must be accurate and complete.
3. Misinformation may lead to disqualification and/or the repayment of any grant made.
4. 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.
5. The Freedom of Information Act applies to all records held by the Department and Local Authorities.
6. The application must be signed by the Chairperson, Secretary or Treasurer of the organisation making the submission.
7. It is the responsibility of each organisation to ensure that it has proper procedures and policies in place including appropriate insurance where relevant.
8. Applications must be on the 2020 application form for the COVID-19 emergency fund.
9. Applications must include Bank Account Details for organisation/group
10. Applications must include Tax Registration No/Tax Clearance Access No or Charitable Status No
11. If a group does not have a tax reference number yet, the PPS number for the group contact can be accepted in the interim. The group tax reference number must be submitted at a later date.
12. When the offer of grant is accepted 50% of the monies awarded will be paid to the group upfront. A completed Drawdown Form accompanied by evidence of expenditure (Invoices/Receipts marked paid) for all grant monies awarded must then be submitted to Donegal County Council to drawdown the balance of the monies awarded.
13. Grant monies must be expended and drawn down from the Local Authority by end of year 2020. Photographic evidence may be required to facilitate draw down of grants.
14. The Department’s contribution must be publicly acknowledged in all materials associated with the purpose of the grant.
15. Generally no third party or intermediary applications will be considered.
16. 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 3.00pm Friday 24th April, 2020
17. Applications by email will be accepted but must be followed by a signed hard copy in the post.
18. Late applications will not be considered.
19. Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.
20. Please ensure the application form is completed in full. Incomplete applications will not be considered for funding.
21. 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 <http://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 Group / Organisation** |  |
| Address |  |
| **Eircode** |  |
| Contact name |  |
| Role in Group/Organisation |  |
| Telephone number |  |
| E-mail |  |
| Website |  |
| Alternative Contact name |  |
| Alternative Telephone number |  |
| Alternative E-mail |  |

|  |  |
| --- | --- |
| Year established |  |
| What is the purpose of group / organisation |  |

What work is being been undertaken by the group/organisation as part of the COVID-19 Community Call?

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

**Please ensure you submit details of the Bank/Credit Union Account grant funding is to be paid into – i.e recent Statement Header displaying IBAN & BIC.**

|  |  |
| --- | --- |
| Charitable Status Number (if applicable) |  |
| Tax Reference Number (if applicable) |  |
| Tax Clearance Access Number (if applicable) |  |

**See Terms & Conditions No 11 (Page 2) for guidance for newly formed groups**

**SECTION 2 – Project Details**

|  |  |
| --- | --- |
| How much funding are you applying for? | € |

## PURPOSE OF GRANT

What will the funding be used for?

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| --- |
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|  |

**FUNDING**

|  |  |
| --- | --- |
| Amount being applied for under the COVID-19 Emergency fund | € |

**Important note:** Please contact the [lcdc@donegalcoco.ie](mailto:lcdc@donegalcoco.ie) or telephone 087 3332193 for information on the required supporting documentation.

**SECTION 3 - 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 the Programme (see page 2 of this form).
* I confirm that I have read the Guidelines prior to completing this form.
* I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.
* I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate more work which they would otherwise be unable to afford.
* I confirm that the applicant group/organisation is tax compliant (if tax registered).

|  |  |
| --- | --- |
| **Name in block capitals (on behalf of group / organisation):** |  |
| **Signature:** |  |
| **Position held in group / organisation (block capitals):** |  |
| **Date:** |  |

**CHECKLIST:**

**Signed and completed Application Form □**

**Copy of recent Bank Statement/Credit Union Statement Header □**

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