![U:\C&E\Directorate\CDE\Logo\Donegal Co Co (Brand) [F+1] lower res.jpg]()

**Caravan, Camping, Campervan and**

**Motorhome Facilities Grant Scheme 2022– Application Form.**

 Voluntary Organisations

1. **Contact Details.**

|  |  |
| --- | --- |
| **Name of Applicant/Group:**(Group Name and Name on Bank Account Statement must correspond). |  |
| **Eircode of Group** |  |
| **Contact Person for correspondence:** |  |
| **Address for contact person:** |  |
| **Phone number for contact:** |  |
| **Contact email:** |  |

1. **Committee - Names/Positions.**

|  |  |
| --- | --- |
| **Name** | **Position** |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Tax Details.**

Organisations tax /charity status reference number and name:

Is the Organisation registered for VAT? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VAT Ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Project Description**

**\*\*Please be advised a minimum of 4 new spaces must be provided for overnight accommodation and displacement of current services will not be funded.**

* **Please provide detail on the need for the proposed services.** Provide detailed evidence that demonstrates the need for the proposed service in the area confirming that this project will not displace existing businesses/organisations or service providers. New providers may be considered in areas that are currently underserved and where existing business/organisations do not have the capacity to serve the market.
* **Please list the additional facilities and/or services to be provided through this grant support**
* **Please detail the charges to be levied for use of these additional facilities.**
1. **Total Funding Sought (Minimum allocation is €5,000 with a maximum of €20,000).**

Total amount of funding being sought: **€ \_\_\_\_\_\_\_\_\_\_\_\_**

1. **Project Cost.**  Estimated total cost of the project: **€**

**The grant aid is being offered at up to 75% of actual costs for Voluntary Organisations**

Breakdown of estimated total costs:

|  |  |
| --- | --- |
| **Item** | **Amount (€)** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| **Total** |  |

1. **Other Funding Sources** (if applicable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Funding Source** | **Details** | **Applied For (€)** | **Approved (€)** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

1. **Project Timelines/Permissions**

Estimated Start Date: Estimated End Date:

Do you have ownership/a satisfactory lease in place?

* Please include proof of this with the application form.

If applicable, what is the planning permission status of your project (indicate with an X)

* Planning has been granted (please provide evidence). [ ]
* Planning has been applied for (please provide evidence). [ ]
* Planning is required, but has not yet been applied for. [ ]

**9. Submitting an application.**

Completed forms and attachments should be submitted via email **only:**

**Email to:** CCCgrantscheme@donegalcoco.ie

**Subject/Title:** Include **CCC Grant Scheme** as the subject/title of email.

An email acknowledging receipt of the application will be issued. If you do not receive an email acknowledgement, please phone 074-9172282.

**Closing time/date for receipt of applications: by 4pm Thursday 30 June 2022.**

**IMPORTANT:**

**Applications received after this time/date will be deemed ineligible.**

For further information contact Amanda McNamee by phone 074-9172282 or by emailing CCCgrantscheme@donegalcoco.ie

**Declarations**

 **Tick to confirm your agreement/understanding of the following:**

I confirm that all legal, statutory, and regulatory obligations will be adhered to [ ]

I confirm that the proposed works will not cause displacement to any
existing business/organisation offering similar services[ ]

I confirm that I have permission from the landowner to carry out the
proposed works and include proof of this. [ ]

I have read and understood the terms and conditions of the Caravan,
Camping, Campervan and Motorhome Facilities Grant Scheme 2022[ ]

I understand Donegal County Councils responsibilities as outlined in the grant
guidelines regarding the Freedom of Information Act 2014 [ ]

(See Freedom of Information section in the fund guidelines for full detail)

I certify that any information disclosed, and any documentation provided
as part of this application is both truthful and accurate[ ]

Completed application form submitted by:

**Name: Position: \_\_ Date:**