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**CLÁR Funding 2024**

**EXPRESSION OF INTEREST**

**for**

**Measure 1: Developing Community Facilities and Amenities**

**Project Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Location of Proposed Project:**  (Include Municipal District) |  |
| **Project Description**:  (Less than 20 words) |  |

**Community&Voluntary Grps/Schools/Local Development Companies Information**

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

**Project Specifics**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide the Eircode or XY (ITM format) Co-ordinates of the Project** | |  | |
| **DED NAME AND ID:** | |  | |
| **Confirm that the project is located in the CLÁR area Y/N:** | |  | |
| **Are these works part of a larger project Y/N:**  If Yes, please provide details. |  | | |
| **Does the applicant own the property or is there a minimum 15 year lease in place:**  Please attach written information in respect of the above as appropriate: |  | | |
| **Is the proposed works freely available/accessible to/by ALL members of the community?:**  *Please note facilities on school grounds must be open to the public outside school hours.*  **Y/N**  Please attach written confirmation in respect of the above as appropriate: | | | |
| **Outline the Nature and Scope of the Proposed Works:** | | | |
| **Outline of the Need and Rationale for the Proposed Works:** | | | |
| **Is the Proposed Project Accessible to all Abilities and Ages?** If so please elaborate. | | | |
| **Does the Proposed Project Enhance Biodiveristy?** If so please elaborate. | | | |
| **Has an application in respect of this facility been approved under CLÁR or any other scheme in the past 5 years?** | | | **Y/N**  If yes, please provide details. |
| **Has an application for funding for this project been submitted to Clár or to any other scheme or programme in the past 5 years?** | | | **Y/N**  If yes, please provide details. |

**Detailed Costings for Proposed Project:**

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

|  |  |
| --- | --- |
| **Project Elements**(provide details of each element ) | **Cost (inc. VAT)** |
|  | € |
|  | € |
|  | € |
| **Local Authority Costs (if applicable)** | |
|  | € |
| **Professional fees:**  (e.g. architectural, engineering, survey costs) | € |
| **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) |  |

**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: |
| Do you have written landowner consent for proposed works |  | Details: |

**Other Grants and Reliefs:**

|  |  |
| --- | --- |
| Is VAT recoverable?  Y/N |  |
| Have any other EU, Exchequer funding, or Tax Reliefs been applied for or received in respect of this project in the past 5years ?  If so please provide- Details/Dates/Funding Amount: | |
| Have any other grants been applied for or are pending decision/approval eg CRF, CLAR, ORIS, RRDF Leader etc for this project/or similar in the past 5years?  If so please provide- Details/Dates/Funding Amount: | |

**Declaration by the Applicant.**

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| --- |
| I, the applicant, certify that:   1. I understand and fulfil all the terms and conditions of CLÁR2024 and as set out in the CLÁR 2024 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:**

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| --- | --- |
| **The following Must Be Included in all applications to Donegal County Council** | **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 Expression of Interest and supporting documentation in **WORD format** to

[**CLAR2024@DONEGALCOCO.IE**](mailto:CLAR2024@DONEGALCOCO.IE)

on/before **12 noon on Tuesday 14th May 2024** marked **CLÁR 2024 Measure 1**

**CLÁR FUNDING 2024 –**

**MEASURE 1: Developing Community Facilities and Amenities**

**CLOSING DATE**

**12 noon Tuesday 14th May 2024**