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**CLÁR Funding 2023**

**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) |  |
| **Group Name:** |  |

**Project Specifics**

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide the Eircode or XY (ITM format) Co-ordinates of the Project** | | XY coordinates should be captured in Irish Tranverse Mercator (ITM) formats. Coordinates can be converted to ITM format here: <https://gnss.osi.ie/new-converter/>.  This data will be used to geo-map all successful projects. | |
| **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 5year lease in place:**  Please provide details: |  | | |
| **Outline the nature and scope of the works:** | | | |
| **Outline of the need and rationale for the works:** | | | |
| **Has 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. | | |  |

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

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

**Detailed Costings for Proposed Project:**

Please provide 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) | € | **% of overall project**  % |
| **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:**

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

|  |  |
| --- | --- |
| 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 etc  Provide-  Details/Dates/Funding Amount: |  |
| Provide details of any pending applications for public funding for this Project- |  |

**Declaration by the Applicant.**

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| --- |
| I, the applicant, certify that:   1. I understand and fulfil all the terms and conditions of CLÁR2023 and as set out in the CLÁR 2023 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** | **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 Expression of Interest and supporting documentation in **WORD format** to [Clar2023@donegalcoco.ie](mailto:Clar2023@donegalcoco.ie) and before the Closing Date of **12 noon on Thursday 4th May** marked **CLAR 2023 Measure 1**

**CLAR FUNDING 2023 –**

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

**CLOSING DATE**

**12 noon Thursday 4th May 2023**