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**CLÁR FUNDING 2025**

**PROJECT Expression of Interest Form**

**MEASURE 1: DEVELOPING COMMUNITY FACILITIES AND AMENITIES**

**Applicant Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Short Project Description**: (Less than 20 words – will be published on approved list if project is approved) |  |
| **Community Group / School / LDC Name** |  |
| **Contact Person:** |  |
| **Position Held** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone No.:** |  |
| **Project implementation directly by the Local Development Company (LDC) (Yes/No)**Please provide contacts details, if applicable: |  |

**Project Delivery**

|  |  |
| --- | --- |
| **Who will be responsible for the delivery of this project?** |  |
| **Key Contact Person:**  |  |

**Project Information**

|  |  |
| --- | --- |
| **Facility Name:** |  |
| **LOCATION****Please provide the Eircode or XY (ITM format) Co-ordinates** Irish Tranverse Mercator (ITM)  Coordinates can be converted to required format here: <https://gnss.osi.ie/new-converter/>. (Data will be used to geo-map all successful projects). | **EIRCODE**

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

**XY (ITM)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| E |  |   |   |   |   |   |  | N |   |   |   |   |  |   |   |

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| **District Electoral Division and ID:** |  |
| **Is project located in a Natura 2000 site (SAC/SPA) (Y/N).** **[Check** [**here**](https://dahg.maps.arcgis.com/apps/webappviewer/index.html?id=8f7060450de3485fa1c1085536d477ba)  **]****If it is, has an Appropriate Assessment\* per Habitats Directive been completed (Y/N)** **\*See OPR Practice Note PN01** [**www.opr.ie**](http://www.opr.ie) |  |
| **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 provide details |  |
| **Is planning permission in place (if applicable)? Please provide reference number if decision pending** |  |
| **Has the project been reviewed by a competent person to establish legislative safety requirements?**Please provide details |  |
| **Outline the nature and scope of the works:** |
| **Outline of the need and rationale for the works:** |
| **Is the project accessible, as far as practicable, to all abilities and ages?** |
| **Does the project enhance biodiversity, if so, please outline**  |
| **Has this project (or similar) applied for grant assistance under CLÁR (or any other scheme)** **in the past 5 years (Y/N)?**If yes, please provide details. |
| **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 approved (or pending decision) under any other scheme or programme (Y/N)?**If yes, please provide details. |  |

**Detailed Costings for Proposed Project:**

Please provide detailed breakdown of individual elements and associated costs 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 €65,000/€100,000(maximum 2 projects) | € |
| **Match Funding:** (Minimum 10% of total cost) | € |
| **Source(s) of Match Funding:** (LA/LDC/school/community/philanthropic body) |  |

***Failure to provide adequate detail and costings will result in the project receiving lower marks. Support documentation regarding costings, ie Quotes/Tenders may also be submitted with this Expression of interest Form.***

**Applicant Declaration**

I confirm that the particulars of this application are correct and that

|  |  |
| --- | --- |
|  | **Yes / No** |
| * The project is based in a CLÁR area
 | Choose an item. |
| * The project aligns with Our Rural Future, with the Climate Action Plan, with the relevant County Development Plan, with the Local Economic and Community Plan and/or other local or regional plans
 | Choose an item. |
| * Match funding is available and ringfenced for the project
 | Choose an item. |
| * An appropriate assessment will be completed if located in a Natura 2000 Site
 | Choose an item. |
| * All necessary permissions are in place- Planning & Landowner Consent
 | Choose an item. |
| * Evidence of ownership/minimum 15 year lease is available (if applicable)
 | Choose an item. |
| * Public Liability insurance is in place
 | Choose an item. |
| * Complies with the National Public Procurement Policy Framework
 | Choose an item. |
| * The facility is/will be open to the public without appointment and that the necessary insurance is in place
 | Choose an item. |
| * Projects that allow the lighting of fires e.g. BBQs have the express permission of the landowner on file
 | Choose an item. |
| * Are you registered for VAT i.e. can you claim VAT back on goods and services?
 | Choose an item. |
| * The facility if funded will be open to the public without a requirement to be a member of our club (if your organisation is a club)
 | Choose an item. |
| * The facilities on school grounds will be open to the public outside school hours, if funded. (if applicant is school)
 | Choose an item. |

**Applicant Signature:** Click or tap here to enter text.

**Position Held:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Please note: It is important that this application is completed fully and accurately and that any additional/supplementary information required is also supplied to Leitrim County Council at the time of submission. Where necessary information is missing or incomplete this will have an effect on the outcome of the application as, Leitrim County Council may not be in a position to follow up regarding any queries.**

**Expression of Interest Forms and supporting documents must be submitted in MS Word format to** **clarfunding@leitrimcoco.ie** **by 4pm Friday 16th May 2025 at 4.00pm.**

**Late submissions will not be accepted**

*Where did you hear about this CLÁR Funding?*

Radio Local Newspaper Social Media Elected RepresentativeEmail LCC Website Other Click or tap here to enter text.

**PRIVACY STATEMENT**

**Use of Data**

The information on this Application Form will be used by the Department of Rural and Community Development and Leitrim County Council for the purposes of processing the application. Further information may be sought by the Department to clarify aspects of the project proposal.

The Applicant, the Department and Leitrim County Council are subject to the data protection and privacy laws of Ireland and the EU, in particular the Data Protection Act 2018 and Regulation (EU) 2016/679, known as the EU General Data Protection Regulation (“GDPR”).

The Department and Leitrim County Council retain the right to disclose for the purposes of a request under the Freedom of Information Act 2014 or otherwise, in connection with the funded project(s) –

1. any information supplied by the Applicant to the Department and/or Leitrim County Council,
2. any relevant data gathered by the Department and/or Leitrim County Council in administering grant aid to the project, except where the information is considered to be personal or commercially sensitive.