



**2025 Expression of Interest Form**

**Building or Land Acquisition Measure**

All queries should be addressed to: [funding@leitrimcoco.ie](mailto:funding@leitrimcoco.ie)

**EXPRESSION OF INTEREST FORM**

**This form should be completed by the Community Group and returned by e-mail to funding@leitrimcoco.ie by 4pm on 16th April 2025.**

**Name of Community Group:**

**Amount of Grant Funding Requested:**

**Contact Name:**

**Contact email address:**

**Contact phone No:**

**Proposal Details:**

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| 1. **Please provide the Address of building or land (including Eircode) to be purchased and sale price. ( If there is a current for sale advertisement online please provide a link to the ad, or provide a photograph of the building or land):** |

1. **Please provide a brief background to the selected building or land, (is it vacant and/or derelict? How long has it been vacant? Prior uses, Etc. Max 500 words):**

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| 1. **What is the Community Groups plan for the building or land? (Is the planned usage in line with Town and Village Scheme priorities? Are any proposed works, following purchase, achievable within the framework set out in the measure outline? Max 800 words)** |

1. **Timeline:**

The Building Land Acquisition Measure is strictly only available for application and drawdown in 2025. Leitrim County Council reserves the right not to proceed with this Scheme in the event that the EOIs received do not identify potential quality projects with sustainable, achievable and definitive end uses.

Please ensure that this form is fully completed as an incomplete application may result in the project not being considered. Completed forms should be returned by e-mail to [funding@leitrimcoco.ie](mailto:funding@leitrimcoco.ie) by Wednesday 16th April 2025 at 4pm.

Signed on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Community Group)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Block Capitals\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_