COMMUNITY ENHANCEMENT PROGRAMME 2019

NOTE: Closing Date 30th May 2019





GROUP /ORGANISATION NAME:

ALL APPLICATIONS ARE TO BE RETURNED TO THE ADDRESS BELOW OR EMAILED TO <u>community@dlrcoco.ie</u>

Dún Laoghaire-Rathdown LCDC, LCDC Community Enhancement Programme, Community and Cultural Development Department, Dún Laoghaire-Rathdown County Council, County Hall, Marine Road, Dún Laoghaire, Co. Dublin, A96 K6C9

By 5pm on Thursday, 30th May 2019 - CLOSING DATE WILL BE STRICTLY ADHERED TO

Please read the CEP Application Guidelines before completing this form. For any queries please email: <u>community@dlrcoco.ie</u> or telephone (01) 2047295

Department of Rural and Community Development Community Enhancement Programme

The Department of Rural and Community Development ("the Department") operates a grant programme through the Local Community Development Committees (LCDCs). *This capital grant programme provides funding to enhance facilities in disadvantaged communities. Applications should relate to one or more key priority areas identified in the LCDC Local Economic and Community Plan (LECP) in order to be eligible for consideration.*

TERMS AND CONDITIONS

- Under the Community Enhancement Programme (CEP), which is funded by the Department, grants will be provided towards capital projects to enhance facilities in disadvantaged areas. The scheme does not provide funding for the employment of staff.
- The activity or project must benefit the local community and relate to the key priority areas identified in the LECP.
- The information supplied by the applicant group /organisation must be accurate and complete.
- Misinformation may lead to disqualification and/or the repayment of any grant made.
- All information provided in respect of the application for a grant will be held electronically. The Department reserves the right to publish a list of all grants awarded on its website.
- The Freedom of Information Act applies to all records held by the Department and Local Authorities.
- The application must be signed by the Chairperson, Secretary or Treasurer of the organisation making the submission.
- It is the responsibility of each organisation to ensure that it has proper procedures and policies in place including appropriate insurance where relevant.
- Applications must be on the 2019 form.
- Evidence of expenditure, receipts /invoices must be retained and provided to the LCDC or their representative if requested.
- Grant monies must be expended and drawn down from the LCDC by end of year 2019.
 Photographic evidence may be required to facilitate draw down of grants.
- The Department's contribution must be publicly acknowledged in all materials associated with the purpose of the grant.
- Generally no third party or intermediary applications will be considered.
- Late applications will not be considered.
- Applications by post should use the correct value of postage stamps and allow sufficient time to ensure delivery not later than the closing date of <u>Thursday, 30th May 2019 at 5pm</u>. Claims that any application form has been lost or delayed in the post will not be considered, unless applicants have a Post Office Certificate of Posting in support of such claims.
- Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.
- Please ensure the application form is completed in full. Incomplete applications will not be considered for funding.
- In order to process your application it may be necessary for Dun Laoghaire Rathdown County Council to collect personal data from you. Such information will be processed in line with the Local Authority's privacy statement which is available to view on [www.dlrcoco.ie].

All questions on this form must be answered. Please write your answers clearly in block letters.

SECTION 1 – YOUR ORGANISATION

Name of Group / Organisation	
Address	
Eircode	
Contact name	
Role in Group/Organisation	
Telephone number	
E-mail	
Website	
Alternative Contact name	
Alternative Telephone number	
Alternative E-mail	

Please provide a brief organisational description of your group / organisation e.g. committee structure, meeting schedule etc.

PPN Registration I	Numbe YES	r (refer to □	section 5 s NO	selection criteria in guidelines):	
Year established					
What is the purpos	e of gro	oup / orga	nisation		

Bank Details

Successful applications for funding under this programme will only be paid to the applicant organisation's Bank Account. You must attach a copy of the top of Bank statement showing your group's name, BIC and IBAN (or Sort Code and Account Number)

Has your organisation availed of funding under the Communities Facilities Scheme or RAPID in 2017 or the 2018 CEP (round 1 or round 2) or the 2018 Men's Shed fund?

NO	
	NO

If **YES**, please give details of the project which received funding in 2017 and/or 2018?

Have you received funding under any capital grants schemes from 2016 to current date- i.e. grants from Government Departments, Local Authority or LEADER?

YES	NO	

If **YES** please give details below:

Funding organisation	Amount of funding
	Funding organisation

If any of the above funding was paid through the Local Authority, have you submitted your Bank Account Details previously?

YES 🗆 NO

Do you receive funding from any other organisation?

YES 🗆 NO

If **YES** please give details below:

Funding organisation	Amount received	Date received

Is your organisation affiliated or connected to any relevant local regional or national body?

YES 🗆 NO 🗆

If **YES** please give details below: Name of organisation(s): _____ How does your organisation link in with other organisations in your area? Charitable Status Number (if applicable): _____ Tax Reference Number (if applicable): Tax Clearance Access Number (if applicable): _____ **SECTION 2 – Project Details** How much funding are you applying for? Tick one of the below options. Small scale capital grant of €1,000 or less Capital grant in excess of €1,000 (Maximum €20,000) PURPOSE OF GRANT What will the funding be used for? Note: This list is not exhaustive, but gives examples of types of capital expenditure □ Sports Equipment □ Signage □ Training Equipment □ Upgrade of building Upgrade playground □ Safety Equipment □ Defibrillator □ Energy efficient upgrade □ Play/ Recreation Space Development/ renovation of community facility \Box Other (Give details) □ IT Equipment (excluding laptops/smartphones)

What is the purpose of the grant? (Outline details of the project).

When will your project begin?

When will your project be completed?

Are all relevant permissions in place (e.g. planning, written consent from landowner/property owner if your project involves the development of a property)?

Not appl	licable		S □	NO					
Is this part of a phased Government Departme				vith (or funde	d by) c	other so	hemes c	perated b	у
YI	ES 🗆	NO							
If YES please provide	the details	s below:							
<u>FUNDING</u>									
Amount being applied	for under	the CEP:		€					

Is this amount a partial or total project cost?	□Partial	□Total
If partial, give the estimated total project cost:	€	

Important note: Please include supporting documentation.

Please see below procurement guidelines for purchase of supplies, services and works:

Limit (ex vat)	No .of Quotations required
€3,000 or less (Supplies / Services/Works/Engineering Services)	Obtain at least 2 Written Quotations from competitive suppliers
Between €3,001 and €20,000 (Supplies / Services/Works/ Engineering Services)	Obtain at least 3 Written Quotations from competitive suppliers

You must supply the required number of quotations as specified above with your application.

To be eligible for funding under this programme you must state where you will source any shortfall of funding (if any). Please provide these details below.

Source	Amount

Please state how your group proposes to publicly acknowledge the Department, LA or LCDC

Outline how the project will be complementary with DLR Local Economic and Community Plan (LECP) 2016-2021. Identify the objective number and action/s from the LECP that your project will support. Please refer to application guidelines for further details on specific themes, objectives and actions.

The DLR LCDC will check to ensure that this application works towards addressing priorities within the DLR Local Economic and Community Plan (LECP) which you can access here: <u>http://www.dlrcoco.ie/sites/default/files/atoms/files/dlr_lecp_april_2016.pdf</u> Please complete the table below to state which key priority area(s) in the DLR LECP this grant application relates to, the target group and the estimated number of people to benefit.

Key priority area of LECP	Target Group	No. of beneficiaries

SECTION 3 - DECLARATION

- I declare that the information given in this form is correct.
- I confirm I have read and fully understand the Terms and Conditions of the Community Enhancement Programme (see page 2 of this form).
- I confirm that I have read the Community Enhancement Programme Application Guidelines prior to completing this form.
- I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.
- I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid <u>or alternatively</u> that the grant will facilitate a larger project which they would otherwise be unable to afford.
- I confirm that the applicant group/organisation is tax compliant (if tax registered).
- I confirm that the group / organisation agrees to supply details of all relevant insurance policies if / when requested.

Name in block capitals (on behalf of group / organisation):	
Signature:	
Position held in group / organisation (block capitals):	
Date:	