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| **Local Enhancement Programme 2024** **General Fund - Application Form** |
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| **GROUP / ORGANISATION NAME:**  |  |

**Please confirm you have enclosed the following:**

|  |  |
| --- | --- |
| Fully completed and signed Application Form | **Yes** [ ]  |
| Copy of most recent Bank / Credit Union Statement   | **Yes** [ ]  |
| Copy of Public Liability Insurance Policy  | **Yes** [ ]  |
| 1 quotation for each expenditure item under €3,000 or 3 quotations for each item/project over €3,000  | **Yes** [ ]  |

You may submit your completed application by **ONE** of the following methods:

**By e-mail to**: communitygrants@galwaycoco.ie (this is our preferred method of receipt – please sign the form first, then scan & e-mail it with all supporting documentation).

**OR**

**By post to**:COMMUNITY GRANTS

Rural& Community Development Department

 Galway County Council, County Hall

 Prospect Hill

 Galway H91 H6KX.

**The closing date for receipt of completed application forms is**

**Tuesday 27th February 2024**

**INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**

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

**Department of Rural and Community Development**

**Local Enhancement Programme 2024**

The Department of Rural and Community Development (“the Department”) funds the Local Enhancement Programme (LEP) which provides funding to support community groups across Ireland. The Local Enhancement Programme 2024 will support groups, particularly in disadvantaged areas, with funding to carry out necessary repairs and improvements to their facilities, and to purchase equipment for community use. The scheme is designed to ensure local priorities are identified and met, so as to improve and enhance community facilities for all. It is administered by Local Community Development Committees (LCDCs) in each Local Authority area. Applications should relate to one or more key priority areas identified in their LCDC’s Local Economic and Community Plan (LECP) in order to be eligible for consideration.

##### TERMS AND CONDITIONS

* The Local Enhancement Programme will support groups, particularly in disadvantaged areas, to carry out necessary repairs and improvements to their facilities and purchase equipment.
* This is a **capital** funding scheme. The scheme does not provide funding for the pay or employment of staff, or towards current ‘operating’ costs such as utility bills, etc.
* 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. Inaccurate or incomplete information 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, including applications received and any additional correspondence related to the application.
* 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.
* Evidence of expenditure, receipts /invoices must be retained and provided to the LCDC, the Department of Rural and Community Development, the relevant local authority or any agent acting on their behalf if requested.
* Grant monies must be expended and drawn down from the LCDC by 31st October 2024.
* The Department of Rural and Community Development’s contribution must be publicly acknowledged in all materials associated with the purpose of the grant, including signage.
* Generally, no third party or intermediary applications will 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 **27th February 2024.** 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.
* In order to process your application, it may be necessary for Galway 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.galway.ie](http://www.galway.ie)

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| **SECTION 1: YOUR GROUP/ORGANISATION DETAILS** |
| Name of Group / Organisation: |  |
| Address: |  |
| Eircode: |  |
| Website:  |  |
| Contact names for Correspondence: (Please provide 2 names) |  |  |
| Role in Group / Organisation:  |  |  |
| Telephone number: |  |  |
| E-mail:  |  |  |
| Is your Group registered with the PPN? If **NO**, please consider registering with the PPN.<https://www.galwaycountyppn.ie/registration-form/>  | Yes [ ] Reg. No. \_\_\_\_\_\_\_\_\_\_\_No [ ]  |
| Year Group/Organisation established:  |  |
| What is the purpose of your Group / Organisation? |  |

Please provide a brief organisational description of your group / organisation e.g., committee structure, meeting schedule, legal status, i.e., Unincorporated Community Group with Constitution, or Incorporated Group/Organisation with Memorandum & Articles of Association and registration with Company Registration Office, the Charities Regulator etc.

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| Charitable Status Number (if applicable) |  |
| Tax Reference Number (if applicable) |  |
| Tax Clearance Access Number (if applicable) |  |

Have you received funding under any capital grant schemes from 2022 to current date, i.e., grants from Government Departments or LEADER? **YES** [ ]  **NO** [ ]

If **YES** please give details below

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of scheme* | *Funding organisation* | *Amount received* | *Purpose of Grant* |
|  |  |  |  |
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| --- | --- |
| Is your organisation affiliated or connected to any relevant local regional or national body? If yes, please give details:  | Yes [ ] No [ ]  |
| Do you receive core funding from any other local, regional, or national Organisation / Body? If YES, please give details:  | Yes [ ] No [ ]  |
| No. of Committee Members: No. of Volunteers: No. of Paid Staff:  | Full-Time:  | Part-Time:  |
| Full-Time:  | Part-Time:  |
| Full-Time:  | Part-Time:  |
| How many people does your organisation support? |  |
| Do you charge membership fees?If you answer ‘yes’, what do you charge? | Yes [ ] No [ ]  **€** |
| How does your Group/Organisation link in with other Organisations in your area?  |  |

**Please input exact location (X-Y co-ordinates) of where the proposed project will be based:**

***If this is not completed, your application will be deemed ineligible.***

Y ITM

X ITM

This information is required in ITM format. The simple guide we have provided with this form will show you how to find these on <https://irish.gridreferencefinder.com/>

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| **SECTION 2: PROJECT DETAILS & FUNDING REQUEST**  |

**How much funding are you applying for? *Complete A or B.***

|  |  |
| --- | --- |
| 1. **Small-Scale Capital Grant of €1,000 or less (please complete Part A):**
 | € |
| 1. Capital Grant over €1,000 (please complete Part B):
 | € |

Please note that Galway County LCDC has set a maximum grant for any Group/Organisation of **€5,000** (this will only be exceeded if a project demonstrates widespread benefit or added value to the LCDC administrative area).

1. **Small-Scale Capital Grant of €1,000 or less:**

Galway County LCDC will ring-fence approximately 30% of funding to provide small capital grants of €1,000 or less. It is intended that this funding will provide practical support to smaller community groups that are active at a grassroots level to help them have the facilities and equipment they need to support their community. It is targeted to enable a larger volume of those with limited resources to receive some funding.

Describe the small-scale capital project/purchase of equipment proposed, and the level of need:

How will this funding enable your community group and committee to continue to provide valuable services to the people in your area, and in the process strengthen the bonds that tie communities together.

Please breakdown expenditure on the equipment/project for which you are requesting funding.Please ensure you provide 1 estimate/quote for each expenditure item – lack of this supporting documentation will render your application ineligible.

|  |  |
| --- | --- |
| *Expenditure Item(s):* | *Amount* |
|  | € |
|  | € |
|  | € |
| **Total Expenditure:**  | **€** |

1. **Capital Grant over €1,000**

Describe the capital project/purchase of equipment proposed, and the level of need:

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Identify and outline which of the following Galway County LCDC/LECP priorities your proposed project will meet, and the estimated number of people to benefit?

[ ]  Improve facilities/services which support disadvantaged areas, with a particular focus on repairs and energy efficiency measures to reduce ongoing operating costs (community facilities should cross-check their location with the Pobal HP Deprivation Index - <https://data.pobal.ie/portal/apps/experiencebuilder/experience/?id=3b0acba7eb694ffa85340a60f81d516c>

[ ]  Promote access and inclusion for people with disabilities, and other marginalised groups, to participate in mainstream community activities (including associated repairs and

upgrades to amenities/facilities hosting these groups)

[ ]  Increase the range of social and leisure opportunities for children & young people (particularly non-sporting/non-competitive), including associated repairs and upgrades to relevant facilities such as youth clubs, youth cafés and other safe spaces for young people to hang out.

[ ]  Increase the range of social and leisure opportunities for older adults, including associated repairs and upgrades to relevant facilities such as Men’s Sheds, Meeting Spaces for Older People’s Groups, etc.

[ ]  Support home and community safety initiatives.

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**Please breakdown expenditure on the equipment/project for which you are requesting funding.** Please ensure you provide 1 estimate/quote for each expenditure item up to €1,000, and 3 estimates/quotes for each item/project over €3,000. Lack of this supporting documentation will render your application ineligible.

|  |  |
| --- | --- |
| *Expenditure Item(s):* | *Amount* |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
| **Total Expenditure:**  | **€** |

|  |  |
| --- | --- |
| Is this amount a partial or total project cost? If partial, give the estimated total project cost. To be eligible for funding under this Programme, you must show where you will source any shortfall of funding – please provide these details below: | Partial [ ]  \_\_\_\_\_\_\_\_\_Total [ ]  \_\_\_\_\_\_\_\_\_ |
| *Source* | *Amount of funding* |
|  | € |

If funding is for a construction or renovation project, all grant monies must be expended and drawn down from the LCDC by **31st October 2024:**

|  |  |
| --- | --- |
| 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)? If YES please provide the details: | Not applicable [ ]  YES [ ]  NO [ ]   |
| Is this part of a phased development and/or linked with (or funded by) other schemes operated by Government Departments or the Local Authority?   If YES please provide the details: | Not applicable [ ]  YES [ ]  NO [ ]   |

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| **SECTION 3: ACKNOWLEDGEMENT AND DECLARATION**  |

**ACKNOWLEDGEMENT:**

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| If successful, please state how your Group proposes to publicly acknowledge the financial contribution from the Department / Galway County Council / LCDC?**Note:** Depending on the amount being applied for, this could be as simple as including an acknowledgement on notices/signs, or in any newsletters that are being produced locally.  |
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**DECLARATION:**

On behalf of our Group/Organisation, I confirm that:

1. I declare that the information given on this form is accurate and correct.
2. I confirm I have read and fully understand the Terms and Conditions of the Local Enhancement Programme 2024 (see page 2 of this form).
3. I confirm that I have read the Application Guidelines for the Local Enhancement Programme prior to completing this form.
4. I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.
5. I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford.
6. I confirm that the applicant group/organisation is tax compliant (if tax registered).

This Declaration must be signed by Chairperson, Secretary or Treasurer, on behalf of Applicant Group:

|  |  |
| --- | --- |
| Name (in block capitals): |  |
| Signed:  |  |
| Position in Applicant Organisation:  |  |
| Date:  |  |