Department of Rural and Community Development Local Enhancement Programme 2025

NOTE: Closing Date: 4.00pm Friday, 7th February, 2025







FOR OFFICE USE ONLY

Date Received:

Reference Number:

LCDC recommendation:

GROUP /ORGANISATION NAME

ALL APPLICATIONS ARE TO BE RETURNED TO:

Laois Local Community Development Committee, Community Section, Laois County Council, Áras an Chontae, JFL Avenue, Portlaoise, Co Laois R32 EHP9

Or email LEP@laoiscoco.ie

By 4.00pm, Friday, 7th February 2025 CLOSING DATE & TIME WILL BE STRICTLY ADHERED TO.

Please read and make yourself familiar with the Application Guidelines for the 'Local Enhancement Programme 2025' before completing this form.

Department of Rural and Community Development Local Enhancement Programme 2025 Capital Funding

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 2025 will support groups, particularly in disadvantaged areas, with funding to carry out necessary repairs and improvements to their facilities, and to purchase equipment for example tables and chairs, tools and signage, laptops and printers, lawnmowers, canopies and training equipment etc. Facilities improvement works may also include, but are not limited to; improved access for persons with a disability; enhancing community participation for disadvantaged and marginalised groups, and; improving energy efficiency of community facilities to reduce ongoing costs.

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 the **capital** element of the funding scheme.
- 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 application.
- 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 December 2025.
 Photographic evidence may be required to facilitate draw down of grants.

- 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.
- 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>4:00pm on Friday</u>, 7th February, 2025 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 Laois 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.laois.ie Privacy Notice LEP.pdf

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

SECTION 1 – YOUR ORGANISATION

	,
Name of Group / Organisation	
Tax Reference Number (necessary for payment purposes)	
Address	
Eircode	
Municipal District	Borris in Ossory/Mountmellick
	Graiguecullen/ Portarlington
	Portlaoise
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 / org structure, meeting schedule, existence of memo and arts documen Registration Office, the Charities Regulator etc.	_
Has your Organisation / Group registered with the relevant local Pu (PPN)?	ublic Participation Network
VES \(\text{NO} \text{If yes supply your regions.}	stration no

If ${f NO}$, please consider registering with the relevant PPN.

		<u> </u>			
Year group/org	ganisation establishe	ed			
What is the pu	rpose of group / orga	anisation			
Successful arm	ligations for free dir	on un der 41	hio neo erose	o will only be noted t	o the appliant
		_		e will <u>only be paid t</u> our Bank Account de	
	ion is successful.		,		
Have vou receive	ed funding under an	v canital/c	cu rrent grants o	schemes from 2018 t	o current date-
=	-		-	_EADER for example	
	VEC 🗆	NO		·	
	YES	NO			
If YES , please g	ive details below:				
Name of	Funding	Work		Amount received	Date
scheme	organisation	Purcl Fund	nases ed		received
If any of the abo	ve funding was poid	through th	e Local Author	ity, have you submitte	ad vour Bank
Account Details	•	unougn th	LUCAI AUIIIOI	ity, nave you subillill	s u yuui balik
	YES	NO .	□ :: 0		
Do you receive f	unding from any oth	er organisa	ation?		
	YES	NO			
If YES , please g	ive details below:				
	ding organisation		Purpose of	Amount	Date
Func	ding organisation		Funding	received	received

Is your organisation affiliated or connected to any re	levant 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 organi	sations in your area?
Charitable Status Number (if applicable)	
Chamber Clause Francisco (in approcasions)	
Tax Reference Number (if applicable) (this is not required to make an application, but it will be necessary if you are successful, for payment purposes)	
Tax Clearance Access Number (if applicable)	

SECTION 2 – Project Details

X ITM Y IT	M		
This information is required in ITM format. T		•	rided with this form v
show you how to find these on https://irish.gri	<u>dreferencefinde</u>	er.com/	
If this is for a specific project, when will your p	project begin?		
If this is for a specific project, when will your p	project be comp	oleted?	
Are all relevant permissions in place (e.g. plantage)	• .		
andowner/property owner if your project invo	ives the develo	prinent of a pro	perty) !
Not applicable YES	3 🗆	NO \square	
Government Departments or the Local Author	rity?		
Government Departments or the Local Author YES NO If YES to previous question, please provide to		ow:	
YES NO If YES to previous question, please provide		ow:	
YES NO If YES to previous question, please provide to previous question question question que que previous que previous que previous que	the details belo		
YES NO If YES to previous question, please provide to previous question question question que que previous que previous que previous que	the details belo		(A)
FUNDING Please provide details for all sections i.e., A, I A. Amount being applied for under the LE	the details belo	OW.	(A)

All applications must include quotations from a minimum of three different independent suppliers for each item that requires funding under LEP. Please contact <u>LEP@laoiscoco.ie</u> or call 057-8664227 for information on the required supporting documentation.

confirm available funds.

may also request specific documentation to support the application e.g. Bank statement to

To be eligible for funding under this programme you must state where you will source ar	۱y
shortfall of funding. Please provide these details below.	

Source	Amount
Please state how your group proposes to publicly acknowledge the Depart Community Development	rtment of Rural and

The LCDC will check to ensure that this application works towards addressing priorities within its Local Economic and Community Plan (LECP) which you can access on your local authorities' website. If your application is for an amount greater than €1,000, please complete the below table to state which key priority area(s) in the LECP this grant application relates to and the estimated number of people to benefit.

If your application is for a small scale capital grant of €1,000 or less, then you may wish to complete the below table, but you are not required to do so.

Key priority area of LECP	No. of beneficiaries

SECTION 3 - DECLARATION

- I declare that the information given on this form is accurate and correct to the best of my knowledge.
- I confirm I have read and fully understand the Terms and Conditions of the 'Local Enhancement Programme 2025' (see page 2 of this form).
- I confirm that I have read the Application Guidelines for the 'Local Enhancement Programme 2025' 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).

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