APPENDIX 1

SUBSIDY TOWARDS THE OPERATIONAL COSTS OF A GROUP WATER SCHEME

APPLICATION TO

COUNCIL

FOR

SUBSIDY PAYMENT

(ANNUAL & ADVANCE)

SUBSIDY A, B & C

NOTE:

This application form should be used to apply for Subsidy A, B and C Annual and Advance subsidy payments. It should be submitted;

- In the case of <u>Annual</u> Subsidy A & C claims by the 30th June following the year to which the claim relates.
- In the case of <u>Advance</u> Subsidy A & C claims by the 30th June of the year to which the claim relates.
- In the case of <u>Annual</u> Subsidy B claims by the 30th June following the year to which the claim relates.
- In the case of *Advance Quarterly payment of Subsidy B*, as early as possible in the year to which the claim relates.

The additional information required for Subsidy B need not be supplied where a group water scheme is only applying for Subsidy A.

A local authority may seek any further information, documentation or other evidence it may reasonably require to enable it to determine the application.

EXPLANATORY NOTES

Please read the Terms and Conditions for payment of subsidies before you complete this form.

Parts 1 & 2 together with the Declaration (Part 6) must be completed in all cases. In addition, parts 3, 4 & 5 must be completed in respect of all **Annual** Subsidy Claims.

WS 1 Sub.

Application for Group Water Scheme Subsidy

ARTH GROUP SCHEME DETAILS, L. TO BE COMPUSTED IN ALL CASES
ocal Authority Name:
Year to which this application relates:
Group Water Scheme Name:
STATUS of Group (Please tick relevant)
Registered Co-op Limited Company
Other (please specify)
Co-op or Company Registered Number:
Co-op or Company Registered Office:
Group Scheme Secretary or Manager:
Name:
Position: (Secretary or Manager)
Address:
Phone:
Mobile:
E-Mail:
Applying for -
Annual Payment Subsidy A
Advance Payment Subsidy A
Annual Payment Subsidy B
Advance Subsidy B Quarterly Payment
Annual Payment Subsidy C
Advance Payment Subsidy C
Date of last Annual General Meeting (enclose a copy of the AGM Notice):

GROUP SCHEME BANK ACCOUNT DETAILS - SUBSIDY A PAYMENT

Bank:	to the second section of the second section of	Branch:	en admition of all and the second	- de nimoraris
Address:			could proved	
Name on Account:		i leastra		er a life to the part
BIC NO:	7.60		go teacher of all may	
IBAN NO:				
	THE STATE OF THE S		SUBSIDY B PAYMENT	
(A separate dedicated		required for S	Subsidy B payments)	
Bank:		Branch:		
Address:				-
Name on Account: _				
BIC NO:	, , , , , , , , , , , , , , , , , , , ,			
IBAN NO:		<u> </u>		
Are arrangements in p	lace for payment	s to O&W Con	tractor?	

GROUP SCHEME DETAILS (SOURCE AND TREATMENT PROVIDED) Private Non DBO SOURCE of supply: Irish Water Private "Bona Fide" DBO* __000 gals/m³ Average daily demand over the past 12 months: No Yes Water Treatment Provided: If YES please specify treatment below; -"Bona Fide" DBO/ O&M contract: Name of DBO Contractor: Type of Treatment: Other: Provide details of Treatment (including name of Contractor, if applicable) below;

QUALITY ASSURANCE Is QA being implemented: Training: Type of QA System: Confirmation must be av	(QA) SY	STEM	Yes	ALL CA		
Is QA being implemented: Training: Type of QA System:		SM	Yes		No No	
Is QA being implemented: Training: Type of QA System:		SM	Yes		No	a da
Training: Type of QA System:		, <u></u>	Yes		No	
Type of QA System:		, <u></u>] , [as		<u> </u>	
		, <u></u>		, <u></u>		
	ailable :	for insp			and the same and	pa face
Confirmation must be av	railable :	for insp			намен и принастичная в Принасы желе	
Confirmation must be av	'ailable '	for insp			- Control Cont	
			ection.			
CHARTER OF RIGHTS						
Adopted: Yes		No		Date	of adoption:	
Confirmation of adoption	n must k	e availa	able for in	nspectio	n.	
WATER CONSERVATION	N MEA	SURES				
ls the scheme implementin	ıg Water	Conser	vation Me	easures -	Yes No	
Please indicate the Water	Conserv	ation Me	e asures u	ındertake	en (tick below as appropriate	∌) ;
Proactive Leak	Usa	ge Base	d Billing.		Member Communications	
Detection & Repair. └ Bulk Meter		il or j			mainor continuinoxiono	_
Installation &		emetric IV ulk Mete	/lonitoring ers.		Water Audit.	
Monitoring. Metering of Individual			bishment		Valve Replacements &	
Connections.	□ & Re	eplacem:	ent.	لسيا	Installations.	<u> </u>
Other (please specify):						
	****		<u>.</u>			
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FOR ANNUAL SUBSIDY C FOR ADVANCE SUBSIDY	1 1/2	The state of the state of			at many many of the State of the state of	

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SUPPLIEDY - FO	BAR GENERAL ROOM OF S	ESPECITOR ANNUAL SUBSILIY	
CAYMENIS			

NUMBER OF CONNECTIONS TO THE SCHEME (for the year to which the claim relates): COMPLETE FOR BOTH SUBSIDY A & SUBSIDY B.

(List of consumers and types of connections must be enclosed with application form – See Part 4)

Type of Connection	Number
Domestic Only	#20 7 71 (93) 7 (5)
Domestic and Land/Business (combined/mixed use connections)	
Land/Business Only	
Other (e.g. Schools etc.)	

DETAILS OF DOMESTIC WATER SUPPLIED BY THE GROUP FOR YEAR ENDED 31 December 20____.

Category	Volume	Units (delete as appropriate)
Total Domestic Water Supplied	n insersioneen de	m ³
Average Domestic Use	anacottos en a la cidade de como como discontinuo de como de como como de como como de como como como como como como como com	m ³
Non-Domestic Use		m ³
Estimated Unaccounted For Water		m ³

Based	on:

•	Metered Usage Reading	
•	Estimated Usage	

DETAILS OF SUBSIDY CLAIM - TO BE COMPLETED IN RESPECT OF ANNUAL SUBSIDY PAYMENTS

APPROVED AND SIGNED AUDITED AGGOUNTS MUST BE ENCLOSED IN ACCORDANCE WITH A7 IN THESE TERMS AND CONDITIONS. WHERE AUDITED ACCOUNTS ARE INCLUDED AS PART OF A CLAIM PLEASE PROCEED TO PART 4.

FOR SMALLER SCHEMES WHERE AUDITED ACCOUNTS ARE NOT REQUIRED (E.G. SCHEMES BELOW THE DRINKING WATER MONITORING THRESHOLD), A STATEMENT OF ACCOUNTS TOGETHER WITH SUPPORTING DOCUMENTATION (E.G. PAID INVOICES) WILL BE ACCEPTABLE TO THE LOCAL AUTHORITY, HAVING REGARD TO THE NATURE AND AMOUNT OF THE EXPENDITURE INVOLVED

No.	Cost Item	Amount
1.	Operational monitoring of water quality	€
2.	Compliance monitoring of water quality	€
3.	All treatment and disinfection consumables (Non DBO)	€
4.	The implementation of a Quality Assurance System	€
5.	Relevant training of personnel in the management and operation of water supply systems	€
6.	Maintenance of Source Protection measures	€ .
7.	Affiliation fees for NFGWS	€
8.	All other operational costs	

WS 1 Sub. 3

Connection Types:

• DO:

Domestic Only

· DL/DB:

Domestic & Land/Domestic & Business

• L/BO:

Land/Business Only

· Com:

Commercial

Other:

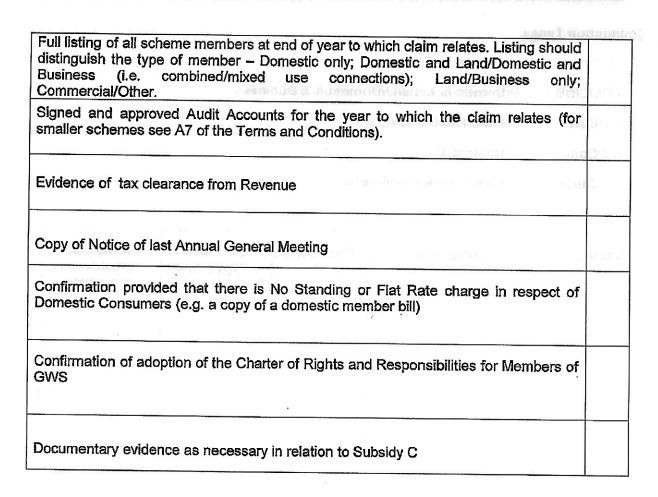
GWSs, LAs, Schools etc.

Address(s)	Eircode(s)	Connection Type (see above)	Normal place of residence (Yes/No)
. (nggar uar am	are part or s
			0
	Address(s)		Type (see above)

Additional pages should be included as required.

Where a property such as land is not occupied by the owner, the Eircode of the property being supplied should be quoted.

CLASSIAL BYC'Y



PA	VRT 6: DEC	T. MRANTIC	IN OF OFFICE	ers - to be	COMPLETED IN ALL CASES	
		osid y p aym	ent(s), set out i	in this applicatio	ply for the Advance / Annual (delete a n, towards the operational costs o he year ended//20	
W	e direct that p	ayment be m	ade to the group	's bank account a	s detailed in Part 1.	
W	e declare that					
•		Scheme is c ms and Con		e terms and condit	tions for payment of subsidy as set o	uŧ
•	the scheme	's accounts,	which show exp	enditure of €	owledge and belief and, in our opinio give a true and fair view of the and the scheme keeps proper books	ne
•			oility for accepting		oehalf of group water scheme membe	rs
•	this applica		will notify the r		will be based on information supplied of any significant change which mig	
•					rs supplied with this application is an ownich this claim relates,	up
*	There is no	standing or	flat rate charges	for domestic cons	sumers.	
	igned: osition:	Chairperso	n		(Name in Block Capitals)	
)ate:					
	Signed: Position:	Secretary/	Manager		(Name in Block Capitals)	
E	Date:					
	Signed: Position:	Treasurer			(Name in Block Capitals)	
1	Date:					

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 $\label{lem:condition} \mbox{Appendix-template letter to be submitted by GWS secretary with Subsidy Claim.}$

ABC GWS Co-operative Society Limited

egistered Address:	
Date:	
Rural Water Programme Liaison Officer	
County Council	
Co	
Re: Annual Subsidy Claim in respect of 20	
I refer to the above claim and I wish to certify the following on behalf of the GWS.	
 The Charter of Rights and Responsibilities for Consumers on GWSs was adopted as policy by the on The Charter was circulated to all members. 	nis GWS
2. The accounts submitted with this claim were adopted by the scheme's membership at an General Meeting on	Annual
3. The charging policy of this GWS in relation to Domestic consumers is as follows • Free water allocation of 160 m³ per annum per domestic connection • No transfer on the rate of least of demostic consumers.	
No standing or flat rate charge is levied in respect of domestic consumers Yours sincerely,	
(Secretary)	



Appender templished before to be committed by 63/25 - exerting early. Supplied of the committee of the commi

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