 

**CLÁR Funding 2020**

**Expression of Interest Form**

**Measure 2: Support for Community Recreational Areas**

Please note: It is important that this Form is completed fully and accurately and that any additional/supplementary information required is also supplied at the time of submission.

**Project Information**

|  |  |
| --- | --- |
| Project Name: |  |
| School/Community Name: |  |
| School/Community Contact Person: |  |
| School Roll Number if applicable:  |  |
| School/Community Address: |  |
| School/Community Contact Telephone Number: |  |
| School/Community Contact Email Address: |  |
| Location/details of proposed worksDED Name: |  |
| DED ID Number: |  |
| Detailed Description of works proposed : |
| Rational/need for the works: **Please detail COVID 19 need (if applicable)** |
| Are these works part of a larger project? (Y/N)If yes, please provide details |  |
| Was an application in respect of this facility approved under CLÁR or any other scheme in the past 3 years? (Y/N)If yes, please provide details. |  |
| Has an application for funding for this project been submitted to CLÁR or any other scheme or programme in the past 3 years? (Y/N)If yes, please provide details. |  |
| Are all necessary permissions in place? (Y/N/NA) **Please provide documentary evidence of Planning Permission, if required and/or permission of owner to proceed with project** |  |
| Where necessary permissions are not in place, please provide any relevant information.**Please attach relevant information** |  |
| Has evidence of ownership/lease been provided? (Y/N/NA)**Please attach evidence of ownership/lease** |  |
| The facility will be open to the public (Y/N)**Please confirm in letter** |  |
| Total cost of project:**Please attach a full breakdown of the estimated cost in the form of a recent quotation or estimate** | € |
| % Match Funding being provided (minimum 10% of total project cost):**Please attach evidence of match funding in form of letter and bank statement or equivalent** | € |
| Administration/Professional fees element of funding if applicable (not more than 10% of overall project cost)**Please attach quotation/estimate**  | € |
| Amount being sought under this CLÁR application | € |
| If you wish to provide any additional information to support the application : Please complete the section below or attach separately. |
|  |

I confirm that the particulars of this application are correct and that

• The project is based in a CLÁR area

• Match funding is available and ringfenced for the project

• All necessary permissions are in place

• Evidence of ownership/lease is provided (if applicable)

• **The facility is/will be open to the public without appointment**,

• No funding has been allocated for the same project from any other sources.

***Please ensure that proof of the above is attached with the Expression of Interest application***

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of group/organisation Role in group/organisation**

Return form **by post** to

CLÁR Scheme Measure 2 2020, Sport & Leisure Section, Laois County Council, Áras an Chontae, Portlaoise Co. Laois,

or **by email** to sports@laoiscoco.ie

by **12.00 noon on Wednesday, 24th June, 2020.**