

**CLÁR Funding 2021**

**Project Application for**

**Measure 3(a) Community Gardens and Allotments**

**Local Authority Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Project Description**: (Less than 50 words) |  |
| **Indicative Priority given by LA (1-10):** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone No.:** |  |
| **Project implementation directly by the Local Development Company (LDC) (Yes/No)**Please provide contacts details, if applicable: |  |

**Community Information**

|  |  |
| --- | --- |
| **Community Group Name:** |  |
| **Contact Person and Position Held:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone No.:** |  |

**Project Information**

|  |  |
| --- | --- |
| **Community Facility Name:** |  |
| **Please provide the Eircode or XY (ITM format) co-ordinates of the project:** Xy coordinates should be captured in Irish Tranverse Mercator (ITM) formats. Coordinates can be converted to ITM format here: <https://gnss.osi.ie/new-converter/>. This data will be used to geo-map all successful projects. |  |
| **DED NAME AND ID:** |  |
| **Location of proposed works, if different from above:** |  |
| **Are these works part of a larger project Y/N:**If Yes, please provide details. |  |
| **Outline the nature and scope of the works:** |
| **Outline of the need and rationale for the works:** |
| **Outline if the project includes an enhancement of biodiversity** e.g. native pollinator plants |
| **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 any other scheme or programme in the past (Y/N)?**If yes, please provide details. |  |

**Detailed Costings for Proposed Project:**

Please provide detailed breakdown of all elements of the proposed works including any administration/other fees/costs:

|  |  |
| --- | --- |
| **Element**  | **Cost (inc. VAT)** |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
| **Total Cost** | € |
| **Funding amount sought:** **(Maximum 90% of total cost up to €50,000)** | € |
| **Match Funding:** **(Minimum 10% of total cost)** | € |
| **Source of Match Funding (LA/LDC/community/philanthropic body)**  |  |
| **Any other relevant information:** |  |

**Use of Data**

The information on this Application Form will be used by the Department of Rural and Community Development for the purposes of processing the application. Further information may be sought by the Department to clarify aspects of the project proposal.

The Applicant and the Department are subject to the data protection and privacy laws of Ireland and the EU, in particular the Data Protection Act 2018 and Regulation (EU) 2016/679, known as the EU General Data Protection Regulation (“GDPR”).

The Department retains the right to disclose for the purposes of a request under the Freedom of Information Act 2014 or otherwise, in connection with the funded project(s) –

i. any information supplied by the Applicant to the Department,

ii. any relevant data gathered by the Department in administering grant aid to the project, except where the information is considered to be personal or commercially sensitive.

**Applicant Declaration**

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 available (if applicable),
* The facility is/will be open to the public without appointment,
* The project conforms to the the LECP and/or other local or regional plans, and
* No funding has been allocated for the same project from any other sources.

Proof of the above is not required at the time of application but must be available to the Department or its agents on request.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Director of Services Local Authority**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**