**COMMUNITY ENHANCEMENT PROGRAMME 2018**

**NOTE: Closing Date 5 p.m. 30th July 2018**

**FOR OFFICE USE ONLY**

Date Received:

Reference Number:

LCDC recommendation:



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GROUP /ORGANISATION NAME:

**ALL APPLICATIONS ARE TO BE RETURNED TO THE ADDRESS BELOW OR EMAILED TO** [**community@dlrcoco.ie**](mailto:community@dlrcoco.ie?subject=Community%20Enhancement%20Programme%20Grant%202018)

**Dún Laoghaire-Rathdown LCDC,**

**LCDC Community Enhancement Programme,**

**Community and Cultural Development Department,**

**Dún Laoghaire-Rathdown County Council,**

**County Hall,**

**Marine Road,**

**Dún Laoghaire, Co. Dublin**

**By 5pm on Monday, 30th July 2018 - CLOSING DATE WILL BE STRICTLY ADHERED TO.**

**Please read the CEP Application Guidelines before completing this form.**

**For any queries please email:** [**community@dlrcoco.ie**](mailto:community@dlrcoco.ie) **or telephone (01) 2047295.**

**Department of Rural and Community Development**

**Community Enhancement Programme**

On the 31st May 2018 the Minister for Rural and Community Development Michael Ring, announced a new €4.5m capital grants scheme. The Community Enhancement Programme (CEP) is a new programme for 2018. It builds on and replaces the Communities Facilities Scheme and the recast RAPID programme, which launched in 2017. The **CEP** provides funding to communities across Ireland to enhance facilities in disadvantaged areas. Applications should relate to one or more key priority areas identified in the DLR Local Economic and Community Plan (LECP) in order to be eligible for consideration.

##### TERMS AND CONDITIONS

* Under the Community Enhancement Programme (CEP), which is funded by the Department, grants will be provided towards capital projects to enhance facilities in disadvantaged areas. The scheme does not provide funding for the employment of staff.
* The project must be complementary to the DLR LECP
* The project must benefit the local community and must relate to at least one Target group / Thematic area in the DLR LECP.
* Relevant groups who apply for funding must be registered with the PPN. Applications can be found on [www.dlrppn.ie](http://www.dlrppn.ie)
* The information supplied by the applicant group /organisation must be accurate and complete.
* Misinformation 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 and DLR CoCo reserves the right to publish a list of all grants awarded on their websites.
* The Freedom of Information Act applies to all records held by DLR CoCo and the Department.
* Applications must be on the 2018 application form.
* 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 or their representative if requested.
* Grant monies must be expended and drawn down from the LCDC by end of year 2018. Photographic evidence may be required to facilitate draw down of grants.
* The contribution of the Department and the DLR LCDC must be publicly acknowledged in all materials associated with the purpose of the grant.
* Generally no third party or intermediary applications will be considered.
* Late applications will not be considered.
* Applications will be accepted by email to [**community@dlrcoco.ie**](mailto:community@dlrcoco.ie)or by post to :

Dún Laoghaire-Rathdown LCDC,

LCDC Community Enhancement Programme,

Community and Cultural Development Department,

Dún Laoghaire-Rathdown County Council,

County Hall,

Marine Road,

Dún Laoghaire, Co. Dublin, A96 K6C9

Telephone (01) 2047295

* 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 **Monday 30th July 2018 at 5pm.** 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 all relevant information, including estimates from two independent suppliers, is included with your application.
* Late and / or Incomplete applications will not be considered for funding.

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

## SECTION 1 – YOUR ORGANISATION

|  |  |
| --- | --- |
| **Name of Group / Organisation / Government Department / State Agency** |  |
| Address **Eircode** |  |
| 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 / organisation e.g. committee structure, meeting schedule etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PPN Registration Number (refer to section 6 selection criteria in guidelines): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year established \_\_\_\_\_\_\_\_

What is the purpose of group / organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Successful applications for funding under this programme will only be paid to the applicant organisation’s Bank Account.**

Please give your group’s Bank details *on the Bank Account* for electronic payment to Group

|  |  |
| --- | --- |
| **Account Name** |  |
| **Account Number** |  |
| **Sort Code** |  |
| **IBAN** |  |
| **BIC/SWIFT CODE** |  |

You must attach a copy of the top of Bank statement showing your group’s name and A/C No

Was your group / organisation approved for funding under the Communities Facilities Scheme or RAPID grants programme in 2017?

**YES**  **NO**

If  **YES**, please give details of the project which received funded in 2017:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you received funding under any capital grants schemes from 2015 to current date- i.e. grants from Government Departments, Local Authority, LCDC and/or LEADER?

**YES**  **NO**

If **YES** please give details below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of scheme** | **Funding organisation** | **Amount of funding** | **Date**  **Received** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If any of the above funding was paid through the Local Authority, have you submitted your Bank Account Details previously?

**YES**  **NO**

Do you receive funding from any other organisation?

**YES**  **NO**

If **YES** please give details below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of scheme** | **Funding organisation** | **Amount received** | **Date received** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Is your organisation affiliated or connected to any relevant 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 organisations in your area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Charitable Status Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Reference Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Clearance Access Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2 – Project Details**

## How much funding are you applying for? – choose 1

## Small scale capital grant of €1,000 or less

## Capital grant in excess of €1,000

## PURPOSE OF GRANT

What will the funding be used for?

Note: This list is not exhaustive, but gives examples of types of capital expenditure

Defibrillator  Sports Equipment  CCTV

Signage  Play / Recreation Space  Training Equipment

Upgrade of building  Upgrade playground  Safety Equipment

IT Equipment (excluding laptops / smartphones)  Energy Efficiency Upgrade



Development / renovation of community facility  Other (Give details)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please provide details of the project.

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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)?

**Not applicable**  **YES**  **NO**

**If YES please include copy of relevant consent / planning reference**

Is this a completely new project or part of a phased development, or linked with other schemes operated by Government Departments or the Local Authority?

**YES**  **NO**

If **YES** please provide the details below:

**FUNDING**

|  |  |  |
| --- | --- | --- |
| Amount being applied for under the CEP: | € | |
| Is this amount partial or total project cost: | Partial | Total |
| If partial, give estimated total project cost: | € | |

**Important note:** Please include supporting documentation i.e. two estimates/quotes from different independent suppliers with this form.

**For partial applications please state where the funding shortfall will be sourced. Please provide these details below.**

|  |  |
| --- | --- |
| **Source** | **Amount** |
|  |  |
|  |  |
|  |  |

Please state how your group proposes to publicly acknowledge the Department, LA or LCDC

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Outline how the project will be complementary with DLR Local Economic and Community Plan (LECP) 2016-2021. Identify the objective number and action/s from the LECP that your project will support. Please refer to application guidelines for further details on specific themes, objectives and actions.

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The DLR LCDC will check to ensure that this application works towards addressing priorities within the DLR Local Economic and Community Plan (LECP) which you can access here: <http://www.dlrcoco.ie/sites/default/files/atoms/files/dlr_lecp_april_2016.pdf>

Please complete the table below to state which key priority area(s) in the DLR LECP this grant application relates to, the target group and the estimated number of people to benefit.

|  |  |  |
| --- | --- | --- |
| **Key priority area of LECP** | **Target Group** | **No. of beneficiaries** |
|  |  |  |
|  |  |  |
|  |  |  |
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**SECTION 3 - DECLARATION**

* I declare that the information given in this form is correct.
* I confirm I have read and fully understand the Terms and Conditions of the Community Enhancement Programme (see page 2 of this form).
* I confirm that I have read the Community Enhancement Programme Application Guidelines 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 or alternatively that with the grant the applicant group/organisation will now undertake a larger project which they otherwise would not be able to afford.
* I confirm that the applicant group/organisation is tax compliant (if tax registered).
* I confirm that the group / organisation agrees to supply details of all relevant insurance policies if / when requested.

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