COMMUNITY ENHANCEMENT PROGRAMME 2018 Second Call for Applications by **Dún Laoghaire-Rathdown County Council**

NOTE: Closing Date 5 p.m. 16th January 2019





FOR OFFICE USE ONLY

Date Received:

Reference Number:

LCDC recommendation:



GROUP /ORGANISATION NAME:

ALL APPLICATIONS ARE TO BE RETURNED TO THE ADDRESS BELOW OR EMAILED TO community@dlrcoco.ie

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 Wednesday, 16th January 2019 - CLOSING DATE WILL BE STRICTLY ADHERED TO.

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 Minister made a second announcement of an additional €8m in funding for this scheme on the 21st of September. 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
- 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.
- All projects funded under this scheme must be completed by 31st July 2019 with relevant receipts and photographic evidence supplied to the Community Department by this date.
- 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 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 <u>Wednesday 16th January 2019 at 5pm</u>. 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	
D. I. i. a	
Role in Group/Organisation	
Talanhana mumban	
Telephone number	
E-mail	
E-man	
Website	
Website	
Alternative Contact name	
7 Mornative Contact Hame	
Alternative Telephone number	
μ	
Alternative E-mail	
	on of your group / organisation e.g. committee
structure, meeting schedule etc	
PPN Registration Number (refer to section 6 s	oloction critoria in quidolinas):
PPN Registration Number (refer to section 6.5	election chiena in guidelines).
Year established	
What is the purpose of group / organisation	

Successful applications for funding under this programme will <u>only be paid to the applicant organisation's Bank Account.</u>

	ails <i>on the Bank Account</i> for elec	tronic payment to Gr	oup
Account Name			
Account Number			
Sort Code			
IBAN			
BIC/SWIFT CODE			
You must attach a copy of the	top of Bank statement show	wing your group's	name and
Account Number			
Man your group / organization o	parayod for funding under the	Communities Faci	ilitiaa Cahama ar
Was your group / organisation a RAPID grants programme in 20		Communities Faci	illues Scheme of
YES	NO □		
If YES , please give details of the	e project which received funde	d in 2017:	
			<u>-</u>
Have you received funding under	, ,		nt date- i.e. grant
from Government Departments,	Local Authority, LCDC and/or	LEADER?	
YES □	NO 🗆		
If YES please give details below	<i>!</i> :	A	Data
Name of scheme	Funding organisation	Amount of funding	Date Received
		rananig	ICCCIVCU
	1	<u> </u>	<u> </u>
If any of the above funding was	paid through the Local Authori	ity, have you subm	itted your Bank
Account Details previously?			
YES □	NO \square		

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 re	egional or national	body?
YES	NO \square		
If YES please give details below Name of organisation(s):	:		
How does your organization link	in with other organisations in you	ur aroa?	
now does your organisation link	in with other organisations in you	ii alea?	
Charitable Status Number (if app	olicable):		
Tax Reference Number (if applic	able):		
Tax Clearance Access Number	(if applicable):		

SECTION 2 – Project Details

How much funding	are you applying	g for? – cho	ose 1		
	Small scale cap	oital grant o	of €1,000 or le	ess	
	Capital grant in	excess of	€1,000		
PURPOSE OF GR	<u>ANT</u>				
What will the funding Note: This list is no	•	gives exar	nples of types	s of capital expenditure	
	☐ Play	ade playgros / smartpho	n Space ound ones)	 □ CCTV □ Training Equipment □ Safety Equipment □ Energy Efficiency I □ Other (Give details 	Upgrade
Please provide a d	etailed descriptic	on of the pro	oject (a separ	ate sheet can be used i	f required)
When will your pro	iect begin?				
When will your pro	ject be completed	d?		_	
Are all relevant per owner if your project				consent from landowner)?	/property
Not a	pplicable [YES		NO 🗆	
If YE	S please include	e copy of r	elevant cons	sent / planning referen	ce
Is this a completely operated by Gover				ment, or linked with others	er schemes
	YES	NO			
If YES please prov	ide the details be	elow:			

<u>FUNDING</u>		
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 doc independent suppliers with this form.	umentation i.e. two	estimates/quotes from different
For partial applications please state where provide these details below.	the funding shor	tfall will be sourced. Please
Source		Amount
Please state how your group proposes to public	ly acknowledge the	Department, LA or LCDC
Outline how the project will be complementary v (LECP) 2016-2021. Identify the objective number support. Please refer to application guidelines for actions.	er and action/s from	the LECP that your project will

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

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:	