

COMMUNITY ENHANCEMENT PROGRAMME 2018

NOTE: Closing Date 30th July 2018



**An Roinn Forbartha
Tuaithe agus Pobail**
Department of Rural and
Community Development

FOR OFFICE USE ONLY

Date Received:

Reference Number:

LCDC recommendation:



GROUP /ORGANISATION NAME:

ALL APPLICATIONS ARE TO BE RETURNED TO:

**Teresa McGuirk, Monaghan County Council,
Community Development Section, The Glen, Monaghan.**

047 73719 or email cep2018@monaghancoco.ie

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

Please read the CEP Application Guidelines before completing this form.

Department of Rural and Community Development Community Enhancement Programme

The Department of Rural and Community Development (“the Department”) operates a grant programme through the Local Community Development Committees (LCDCs). This capital grant programme provides funding to enhance facilities in disadvantaged communities. Applications should relate to one or more key priority areas identified in the LCDC 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 activity or project must benefit the local community and relate to the key priority areas identified in the LECP.
 - 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 reserves the right to publish a list of all grants awarded on its website.
 - The Freedom of Information Act applies to all records held by the Department and Local Authorities.
 - 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.
 - Applications must be on the 2018 form.
 - 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 Department’s contribution 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 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 on / with your application. 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. _____

Has your Organisation / Group registered with the relevant local Public Participation Network (PPN)?

YES NO

If **NO**, then perhaps you would consider joining the PPN.

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 ensure you have your Bank Account details to hand if your application is successful.

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

YES NO

If **YES** please give details below:

Name of scheme	Funding organisation	Amount of funding

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:

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? _____

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

- | | | |
|--|---|---|
| <input type="checkbox"/> IT Equipment | <input type="checkbox"/> Sports Equipment | <input type="checkbox"/> CCTV |
| <input type="checkbox"/> Signage | <input type="checkbox"/> Training | <input type="checkbox"/> Training Equipment |
| <input type="checkbox"/> Upgrade of building | <input type="checkbox"/> Upgrade playground | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Defibrillator | <input type="checkbox"/> Energy efficient upgrade | <input type="checkbox"/> Research facilities |
| <input type="checkbox"/> Development of community facility | | <input type="checkbox"/> Other (Give details) |
-
-

What is the purpose of the grant? (Outline details of the project).

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**

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.

To be eligible for funding under this programme you must state where you will source any shortfall of funding. Please provide these details below.

Source	Amount

Has your organisation availed of funding under the Communities Facilities Scheme or RAPID in 2017?

YES **NO**

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

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

The LCDC will check to ensure that this application works towards addressing priorities within its Local Economic and Community Plan (LECP) which you can access on your local authorities' website.

If your application is for an amount greater than €1,000, please complete the below table to state which key priority area(s) in the LECP this grant application relates to and the estimated number of people to benefit.

If your application is for a small scale capital grant of €1,000 or less, then you may wish to complete the below table, but you are not required to do so.

Key priority area of LECP	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).

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