**Drehid Community Grant Scheme**

**Application Form 2018**

Email :- drehidgrants@kildarecoco.ie

Telephone:- 045 980660

Ref. No:- (For office use only)

Additional information may be included on separate sheets

***All sections of this form must be completed in full in full otherwise this application will be deemed invalid.***

**SUBMISSION OF INVALID QUOTATIONS MAY AFFECT THE OUTCOME OF YOUR APPLICATION (Part F)**

**Closing date for applications is Friday 6th April 2018 at 5.00pm.**

**Part A - Contact Details**

Name of Group/Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Participation Network Number (PPN No.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eircode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of organisation (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proximity to Drehid Landfill Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charitable Status Number \_\_\_\_\_\_\_\_\_\_\_\_ / Sports Exemption Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

Give a brief description or name of your proposed project (Max 20 Words -full details to be given in **Part C**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part B - Group Details**

Please give the total number of members in your group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was your group formed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the aims and objectives of your group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please give details of the group’s current activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What contribution does your group make to your community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part C - Details of Proposed Project

* Title of the proposed project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please give a brief description of the proposed project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Is this a new initiative or part of an on-going plan? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Who and how many people in your community will benefit from the project? \_\_\_\_\_\_

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* What are the proposed start and finish dates for your project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Who in your group will manage the project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* What previous experience has your group of managing similar projects?

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* Do you have a project plan? Yes [ ] No [ ]

If yes, please supply copy.

**Part D - Improvement to existing Land and/or Buildings/New Build**

If funding is sought for improvement to land and/or buildings/new build please complete the following:-

Address of land/building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your organisation lease the land or building? Yes [ ] No [ ]

**(If yes, please attach copy of relevant lease)**

Does your organisation own the land or building? Yes [ ] No [ ]

**(If Yes, please attach copy of relevant deeds)**

Do you have planning permission for the proposed works? Yes [ ] No [ ]

**(If yes, please attach copy of relevant planning permission)**

If no, please confirm why you consider the works proposed to be exempt from planning permission:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\* If in doubt it is advisable that you seek independent planning advice in relation to the proposed project.

(Please note your application may be reviewed by the Planning Department.)

**Part E - Budget for the Project**

What is the estimated overall cost of the proposed project? €\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much are you requesting from the Drehid Community Grant Scheme? €\_\_\_\_\_\_\_\_\_\_\_

Have you received a grant from the Drehid Community Grant Scheme in the past?

Yes [ ] No [ ]

**Other Funds** (As no project will receive 100% funding, the availability of other funds will be viewed in a positive light)

What sources of funds are available to complete this project. Please specify:-

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

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**Part F - Project Costs**

**N.B. Please note that you are required to submit:-**

**- Evidence of 1 official quote if applying for an amount €1,499 or under.**

**- Evidence of 2 official quotes if applying for an amount between €1,500 & €4,999.**

**- Evidence of 3 official quotes if applying for an amount over €5,000.**

**These will be used to assess the Value for Money of your project.**

**Quotations:**

**\* Must be addressed to the group applying for funding**

**\* Must be on company headed paper and include VAT number**

**\* Must be comparable i.e. the specification must be itemised in each quote and must be for the same item and quantity.**

**\*Submission of invalid quotations may affect the outcome of your application.**

***Please provide details of proposed costs associated with the project. Note that items listed below must relate to the project for which you are applying for grant assistance***

**Item Cost**

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

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**Total Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please identify which quote is your preference. If this is not the cheapest quote please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Agreement Form**

***Please read all guidelines carefully before signing and returning a copy of this contractual agreement.***

**Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

On behalf of the above group:-

We certify that information provided in this application is a true and fair representation of the group’s activities and the project for which funding is being sought.

We undertake to ensure that any grant awarded to us by Kildare County Council under this application will be used for the specific purpose for which it has been granted.

We will acknowledge the support of Kildare County Council and Bord Na Móna in any publicity pertaining to the project and submit proof of same with our final project report. We will endeavour to tag Kildare County Council and Bord Na Móna on any social media posts relating to the project.

We agree that photos, submitted by us may be used by Kildare County Council and Bord Na Móna on their website, social media or otherwise in promoting the Drehid Grant Scheme. The necessary permissions will be obtained and retained by us in accordance with Data Protection legislation.

On completion of works, we undertake to submit receipts in relation to expenditure incurred on our project no later than 31st September, 2018 to Community & Culture Department, Level 7, Áras Chill Dara, Devoy Park, Naas, Co. Kildare. (Invoices will not be accepted.)

We understand that neither Kildare County Council nor Bord Na Móna shall not be liable in respect of any loss, damage or costs of any nature arising directly or indirectly from this application or the subject matter of the application. Kildare County Council and Bord Na Móna, its servants or agents shall not at any time in any circumstances be held responsible or liable in relation to any matter whatsoever arising in connection with the development, planning, construction, operation, management and/or administration of individual projects.

Signed for, and on behalf of, the organisation (Two signatories are essential – one of which must be the Treasurer of the group)

A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treasurer Date \_\_\_\_\_\_\_\_\_

A signed copy of this form must be included with your application form but it is not a guarantee that a grant will be awarded by Kildare County Council.

**CHECKLIST TO BE SUBMITTED WITH APPLICATION FORM:-**

**1. Application form – completed in full. { }**

**All applications must be made on official 2018 Application Forms.**

**All questions MUST be answered.**

**2. I have read the Grant Agreement Form and read and retained the guidelines. { }**

**3. I have signed the form -** typed signatures are not accepted**. { }**

**5. The following is enclosed, if applicable:-**

* **Copy of lease. { }**
* **Copy of deeds. { }**
* **Copy of planning permission. { }**
* **Copy of business plan, research documents, design brief etc. { }**

**6. I have attached 1, 2 or 3 quotes as appropriate { }**

**7. A copy of the group’s bank/credit union statement is attached { }**

**8. Signed Grant Agreement Form (page 7) { }**

**All supporting documentation must accompany this Application Form**

**Any further queries please contact: -** [**drehidgrants@kildarecoco.ie**](mailto:drehidgrants@kildarecoco.ie) **/**

**045 980660**

**Completed Applications to Ciara Gallagher, Drehid Grant Scheme, Community & Culture Department, Kildare County Council, Level 7,Áras Chill Dara, Devoy Park,**

**Naas, Co. Kildare.**

**Closing date for receipt of applications is:**

**5pm Friday, 6th April 2018**

**LATE APPLICATIONS WILL NOT BE CONSIDERED**