

**CLÁR Funding 2019**

**Project Overview for**

**Measure 3(c) Sensory Gardens**

**Local Authority Information - for completion by LA only**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Contact Person:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No:** |  |
| **Project implementation directly by the Local Development Company (LDC) (Yes/No)**  **Please provide contact details, if applicable;** |  |

**Local School/Community Information – for completion by Applicant**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Contact Person:** |  |
| **Correspondence Address:** |  |
| **GPS co-ordinates/Eircode of location of proposed works:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No:** |  |

**Project Information**

|  |  |
| --- | --- |
| **Name of the Applicant/Organisation/Group** |  |
| **Location of proposed works, if different from above, including GPS co-ordinates:** |  |
| **DED ID Number and Name:** |  |
| **Are these works part of a greater project Y/N**  **If Yes, please provide details** |  |
| **Summary of the proposed project to be funded:** | |
| **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.** | **Please indicate as appropriate** |
| **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.** |  |
| **Rationale for the selection by the LA, including detail from LECP/similar, where relevant** |  |
| **Are all necessary permissions in place (Y/N/NA)**  (Where necessary permissions are in place, please submit documentary evidence and where not in place, please provide any relevant information) |  |
| **Has evidence of Ownership/Lease been provided (Y/N/NA)** |  |
| **Total Cost of Project:** | **€** |
| **Amount of Match Funding being provided by applicant under this application:** (Minimum 15% of total project cost of which minimum of 5% cash contribution from the School/Community) | **€** |
| **Match funding evidence attached:**  (e.g. Bank statement showing balance available or similar) |  |
| **Administration/Professional Fees element of funding if applicable (not more than 10% of overall project cost)** | **€** |
| **Amount being sought under this CLÁR application:** | **€** |
| **Is a full breakdown of the estimated cost attached (Y/N)** |  |
| **If you wish to provide any additional information in support opf this application, please complete the section below or attach separately.** |  |

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

**Documentary evidence in support of the applicable items noted above must be submitted with the completed application**

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Please return completed application form with supporting documentation to:**

**Municipal District,**

**Limerick City & County Council,**

**Newcastle West,**

**Co. Limerick.**

**By Tuesday, 16th April 2019**

**CLOSING DATE WILL BE STRICTLY ADHERED TO.**