 



**CLÁR Funding 2020**

**Project Application for**

**Measure 2: Community Recreation Areas**

**Local Authority Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Project Description**: (Less than 50 words) |  |
| **Indicative Priority given by LA** **(1-10):** |  |
| **Contact Person:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No.:** |  |
| **Project implementation directly by the Local Development Company (LDC) (Yes/No)****Please provide contacts details, if applicable:** |  |

**Community Group Information**

|  |  |
| --- | --- |
| **Community Group Name:** |  |
| **Contact Person and Position Held:** |  |
| **Correspondence Address** (Please include GPS Co-ordinates/Eircode of location of proposed works where known) **:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No.:** |  |

**Project Information**

|  |  |
| --- | --- |
| **Community Facility Name:** |  |
| **Location of proposed works, if different from above**(including GPS Co-ordinates/Eircode) **:** |  |
| **DED Name:** |  |
| **Are these works part of a larger project Y/N:****If Yes, please provide details.** |  |
| **Outline the nature and scope of the works:** |
| **Outline of the need and rationale for the works:** (Note: Please include evidence of need and relevance to the Local Economic and Community Plan (LECP) and/or other Local or regional plans) |
| **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.** |  |
| **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.** |  |
| **Are all necessary permissions in place (Y/N/NA)**(Note: Where necessary permissions are in place, please submit documentary evidence and where not in place, please provide any relevant information) |  |
| **Projects that allow the lighting of fires have the express permission of the landowner (Y/N/NA)**(Note: Documentary evidence of the landowners permission must be submitted with the application, if applicable) |  |
| **Has evidence of Ownership/Lease been provided (Y/N/NA)** (Note: Where project involves works on building or lands that are not in the ownership of the Applicant, **a minimum 5 years lease** must be in place from date of project completion) |  |
| **Facility will be open to the public without appointment (Y/N)** |  |
| **Total Cost of Project:** | **€** |
| **Amount of Match Funding being provided by applicant under this application:** (Minimum 10% of total project cost of which minimum of 5% cash contribution from the School/Community) | **€** |
| **Match funding evidence attached:** (e.g. Bank/Credit Union statement or similar showing that match funding is in place) |  |
| **Administration/Professional Fees element of funding if applicable (not more than 10% of overall project cost)** | **€** |

**Detailed Costings for Proposed Project:**

Please provide detailed breakdown of all elements of the proposed works including any administration/other fees/costs:

|  |  |
| --- | --- |
| Element 1, 2, etc. |  |
|  |  |
|  |  |
|  |  |
| **Total Cost** | € |
| **Funding amount sought:** **(Maximum 90% of total cost up to €50,000)** | € |
| **Match Funding:** **(Minimum 10% of total cost)** | € |
| **Amount of Cash Contribution:** **(Minimum of 5% of total cost)****Supplied by (LA/LDC/Community/Philanthropic body:** | € |
| **Any other relevant information:** |  |

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 items noted above (if applicable) must be submitted with the completed application**

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

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

**Should you have any queries, please contact us at** **CLAR@limerick.ie** **or by phone to 061-557117 or 061-557531**

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

**By Email to (preferable):** **CLAR@limerick.ie**

**Or**

**By Post to:**

**CLÁR 2020**

**Urban and Rural Community Development**

**Community Development Directorate**

**Limerick City & County Council**

**Merchant’s Quay,**

**Limerick**

**V94 EH90**

**By Friday, 10th July 2020**

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