 



**CLÁR Funding 2021**

**Project Application for**

**Measure 1: Support for Schools/Community Safety Measures**

**Local Authority Information**

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

**Local School/Community Group Information**

|  |  |
| --- | --- |
| **School/Community Group Name** (including Roll No. for School) **:** |  |
| **Contact Person and position held:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone No.:** |  |

**Project Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/Community Facility Name:** | |  | |
| **Please provide the Eircode or XY (ITM format) Co-ordinates of the project:**  Xy coordinates should be captured in Irish Tranverse Mercator (ITM) formats. Coordinates can be converted to ITM format here:<https://gnss.osi.ie/new-converter/>. This data will be used to geo-map all successful projects. | |  | |
| **DED Name and ID:** | |  | |
| **Location of proposed works, if different from above:** | |  | |
| **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) | | | |
| **Outline if the project includes an enhancement of biodiversity** e.g. native pollinator plants | | | |
| **Was an application in respect of this facility approved under CLÁR 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. | | |  |

**Detailed Costings for Proposed Project:**

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| --- | --- | --- |
| **Type of Intervention** | **Max. Funding to be allocated** | **Amount of Funding Sought** |
| Purchase or replacement of Flashing Amber Safety Lights**.** | Max €7,000 per set | € |
| Purchase of child safety signs | Max €1000 per sign | € |
| Purchase of digital speed safety signs, indicating that cars are entering a particular zone. | Max €14,000 per set | € |
| Upgrade road markings on approach roads to Schools/community facilities. | Max €1,000 | € |
| Erect pedestrian crossings in small towns and villages at schools/community facilities. | Max €22,000 | € |
| Construction and upgrading of access footpaths next to schools or community facilities. | Max €30,000 | € |
| Car parking facilities to access schools or community facilities. | Max €30,000 | € |
| Provision of bus shelters | Max €25,000 | € |
| Provision of public lighting | Max €30,000 | € |
| COVID-19 safety related project (need and rationale must be demonstrated in the *Project Information* section). | Max €50,000 | € |
| Overall max per project if there are a number of elements above included in applications for a single location | Max €50,000 | € |
| Administration Costs/Professional Fees  (all elements must be listed) | Max 10% | € |
| Other (all elements must be listed e.g. native pollinator plants) |  | € |
| Signage  (Signage including a strapline acknowledging the provision of funding by the Department of Rural and Community Development and logos is required and must be included as one of the project elements and costed accordingly) |  | € |

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| --- | --- |
| **Total Cost** | € |
| **Funding amount sought:**  (Maximum 90% of total cost up to €50,000) | € |
| **Match Funding:**  (Minimum 10% of total cost) | € |
| **Source of Match Funding**  (LA/LDC/community/school/philanthropic body): |  |
| **Any other relevant information:** |  |

|  |  |
| --- | --- |
| **Are all necessary permissions in place (Y/N or N/A)**  (Note: 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 or N/A)**  (Note: If the project involves works on buildings or lands that are not in the ownership of the grantee, **a minimum 5 year lease** must be in place from date of project completion) |  |
| **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)** | **€** |

**Use of Data**

The information on this Application Form will be used by the Department of Rural and Community Development for the purposes of processing the application. Further information may be sought by the Department to clarify aspects of the project proposal

The Applicant and the Department are subject to the data protection and privacy laws of Ireland and the EU, in particular the Data Protection Act 2018 and Regulation (EU) 2016/679, known as the EU General Data Protection Regulation (“GDPR”).

The Department retains the right to disclose for the purposes of a request under the Freedom of Information Act 2014 or otherwise, in connection with the funded project(s) –

i. any information supplied by the Applicant to the Department,

ii. any relevant data gathered by the Department in administering grant aid to the project, except where the information is considered to be personal or commercially sensitive.

**Applicant Declaration**

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 project conforms to the the LECP and/or other local or regional plans

**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**](mailto:CLAR@limerick.ie) **or by phone to 061-557117, 061-557531 or 061-557356.**

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

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

**Or**

**By Post to:**

**CLÁR 2021**

**Urban and Rural Community Development**

**Community Development Directorate**

**Limerick City & County Council**

**Merchant’s Quay,**

**Limerick**

**V94 EH90**

**By 4pm on Friday, 16th April 2021**

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