 



**CLÁR Funding 2021**

**Project Application for**

**Measure 3(a) Community Gardens and Allotments**

**Local Authority Information**

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Project Description**: (Less than 50 words)  Ecstatic |  |
| **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 contacts details, if applicable: |  |

**Community Information**

|  |  |
| --- | --- |
| **Community Group Name:** |  |
| **Contact Person and Position Held:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone No.:** |  |

**Project Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 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. | | |  |

**Detailed Costings for Proposed Project:**

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

|  |  |
| --- | --- |
| **Element** | **Cost (inc. VAT)** |
| Signage\* | € |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
| **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/philanthropic body)** |  |
| **Any other relevant information:** |  |

**\*Signage including a strapline acknowledging the provision of funding by the Department of Rural and Community Development and logos is required. Projects must also display and encourage *Leave no Trace* principles. The cost of appropriate signage must be included as one of the project elements and costed accordingly.**

|  |  |
| --- | --- |
| **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) |  |
| **Projects that allow the lighting of fires have the express permission of the landowner (Y/N or N/A)**  (Note: Documentary evidence of the landowners permission must be submitted with the application, if applicable) |  |
| **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) |  |
| **The Community Garden/ Allotment/ Sensory Garden Facility is/will be open to the public without appointment (Y/N)** |  |
| **If an existing Facility, has evidence of the necessary insurance been provided (Y/N or N/A)**  (Note: Where the application is in respect of an existing outdoor community recreation facility, please submit evidence of insurance) |  |
| **If the application relates to the development of a new Facility or expansion of an existing Facility, please confirm that the necessary insurance will be put in place by the school/community group (Y/N or N/A)**  (Note: Where projects are approved for grant funding, evidence of the necessary insurance will be required as the project progresses) |  |

**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 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**](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.**