**Community Support Fund 2022**

**under the**

**Community Enhancement Programme**

**2022**

**NOTE: Closing Date 12 noon on Monday 30th January 2023.**



**FOR OFFICE USE ONLY**

Date Received:

Reference Number:

LCDC recommendation:



 

GROUP /ORGANISATION NAME

**ALL APPLICATIONS ARE TO BE RETURNED TO:**

**By Email to:** **cep@limerick.ie**

**Or**

**By Post:**

**Limerick LCDC, Community Support Fund, Urban and Rural Community Development, Limerick City & County Council, Merchant’s Quay,**

**Limerick V94 EH90**

**By 12 noon on Monday 30th January 2023**

**CLOSING DATE WILL BE STRICTLY ADHERED TO. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Please read the Application Guidelines for the ‘Community Support Fund’ before completing this form.**

**Department of Rural and Community Development**

**Community Support Fund under the Community Enhancement Programme**

The Department of Rural and Community Development (“the Department”) funds the Community Support Fund (CSF) which provides funding to support community groups across Ireland.

The Community Support Fund will support groups, particularly in disadvantaged areas with their non-pay running costs for example energy costs/bills (electricity costs, refuse charges, heating charges) or other non-pay operating costs for example rental/lease costs, insurance bills. Groups will also be able to use the funding to carry out necessary repairs and improvements to their facilities, purchase equipment for example tables and chairs, tools and signage, laptops and printers, lawnmowers, canopies and training equipment etc.

It is administered by Local Community Development Committees (LCDCs) in each Local Authority area.

Applications should relate to one or more key priority areas identified in their LCDC’s Local Economic and Community Plan (LECP) in order to be eligible for consideration.

##### TERMS AND CONDITIONS

* The Community Supports Fund will support groups, particularly in disadvantaged areas, with their non-pay running/operating costs, as well as funding to carry out necessary repairs and improvements to their facilities and purchase equipment. The scheme does not provide funding for the pay or employment of staff.
* The activity or project must benefit the local community and relate to the key priority areas identified in the LECP.
* The information supplied by the applicant group /organisation must be accurate and complete.
* Misinformation may lead to disqualification and/or the repayment of any grant made.
* All information provided in respect of the application for a grant will be held electronically. The Department reserves the right to publish a list of all grants awarded on its website.
* The Freedom of Information Act applies to all records held by the Department and Local Authorities.
* The application must be signed by the Chairperson, Secretary or Treasurer of the organisation making the submission.
* It is the responsibility of each organisation to ensure that it has proper procedures and policies in place, including appropriate insurance, where relevant.
* Evidence of expenditure, receipts /invoices must be retained and provided to the LCDC or their representative if requested.
* The Department is stating that only energy/operating costs incurred in the period 1st April 2022 to 31st March 2023 are eligible.
* Grant monies must be expended and drawn down from the LCDC by 31st August 2023. Photographic evidence may be required to facilitate draw down of grants.
* The Department’s contribution must be publicly acknowledged in all materials associated with the purpose of the grant.
* Generally no third party or intermediary applications will be considered.
* Late applications will not be considered.
* Applications by post should use the correct value of postage stamps and allow sufficient time to ensure delivery not later than the closing date of **12 noon on Monday 30th January 2023.** Claims that any application form has been lost or delayed in the post will not be considered, unless applicants have a Post Office Certificate of Posting in support of such claims.
* Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.
* Please ensure the application form is completed in full. Incomplete applications will not be considered for funding.
* In order to process your application it may be necessary for Limerick City and County Council to collect personal data from you. Such information will be processed in line with the Local Authority’s privacy statement which is available to view on <https://www.limerick.ie/council/services/your-council/privacy-statement-limerick-city-and-county-council>.

## All questions on this form must be answered. Please write your answers clearly in block letters.

## SECTION 1 – YOUR ORGANISATION

|  |  |
| --- | --- |
| **Name of Group / Organisation** |  |
| Address |  |
| **Eircode**  |  |
| Contact name |  |
| Role in Group/Organisation  |  |
| Telephone number |  |
| E-mail  |  |
| Website |  |
| Alternative Contact name |  |
| Alternative Telephone number |  |
| Alternative E-mail |  |

Please provide a brief organisational description of your group / organisation e.g. committee structure, meeting schedule etc.

|  |
| --- |
|  |
|  |
|  |

Has your Organisation / Group registered with the relevant local Public Participation Network (PPN)?

**YES** [ ]  **NO** [ ]

If **NO**, to previous question please then perhaps you would consider joining the PPN.

|  |  |
| --- | --- |
| Year group/organisation established |  |
| What is the purpose of group / organisation |  |

**Successful applications for funding under this programme will only be paid to the applicant organisation’s Bank Account. Please ensure you have your Bank Account details to hand if your application is successful.**

Have you received funding under any capital grants schemes from 2018 to current date- i.e. grants from Government Departments, Local Authority or LEADER for e.g.?

**YES** [ ]  **NO** [ ]

If **YES** to previous question please please give details below

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of scheme** | **Funding organisation** | **Amount received** | **Date received** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

If any of the above funding was paid through the Local Authority, have you submitted your Bank Account Details previously?

**YES** [ ]  **NO** [ ]

If you are applying on behalf of an incorporated organisation (Company Limited by Guarantee or Co-operative) and/or a registered charity, have you applied to Pobal under the Community and Voluntary Energy Support Scheme (CVESS) in respect of any energy costs for the applicable period?

**YES** [ ]  **NO** [ ]

If yes, you are confirming on signing the declaration on page 10, that no support received under this scheme will be used towards the same energy costs as claimed for under the CVESS.

Do you receive funding from any other organisation?

**YES** [ ]  **NO** [ ]

If **YES** to previous question please give details below:

|  |  |  |
| --- | --- | --- |
| **Funding organisation** | **Amount received** | **Date received** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Is your organisation affiliated or connected to any relevant local regional or national body?

**YES** [ ]  **NO** [ ]

If **YES** to previous question please give details below:

|  |
| --- |
| Name of organisation(s): |
|  |
|  |

How does your organisation link in with other organisations in your area?

|  |
| --- |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Charitable Status Number (if applicable) |  |

|  |  |
| --- | --- |
| Tax Reference Number (if applicable) |  |

|  |  |
| --- | --- |
| Tax Clearance Access Number (if applicable) |  |

**SECTION 2 – Project Details**

## How much funding are you applying for? Tick one of the below options.

## [ ]  Small scale grant of €1,000 or less

## [ ]  Grant in excess of €1,000

## PURPOSE OF GRANT

What will the funding be used for? (input answer below)

Note: This list is not exhaustive, but gives examples of types of expenditure

[ ]  IT Equipment [ ]  Training Equipment

[ ]  Safety Equipment [ ]  General Equipment [ ]  Sports Equipment

[ ]  Machinery [ ]  Construction Works [ ]  Energy efficient upgrade

[ ]  Renovation of building/premises [ ]  Development of community facilities

[ ]  Maintenance of building/premises [ ]  Non-pay Operating / running cost (Give details)

[ ]  Other (Give details)

|  |
| --- |
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What is the purpose of the grant? (Outline details of the project).

|  |
| --- |
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|  |

Please input exact location (X-Y co-ordinates) of where the proposed project will based.

Y ITM

X ITM

This information is required in **ITM format.** The simple guide we have provided with this form will show you how to find these on <https://irish.gridreferencefinder.com/> .



If this is for a specific project, when will your project begin?

If this is for a specific project, when will your project be completed?

Are all relevant permissions in place (e.g. planning permission, written consent from landowner/property owner if your project involves the development of a property)?

**Not applicable** [ ]  **YES** [ ]  **NO** [ ]

Is this part of a phased development and/or linked with (or funded by) other schemes operated by Government Departments or the Local Authority?

**YES** [ ]  **NO** [ ]

|  |
| --- |
| If **YES** to previous question please provide the details below: |
|  |
|  |
|  |

**FUNDING**

If the amount of funding being applied for is for equipment or the upgrade of facilities etc., please provide details for A, B, C and D below. If it is for non-pay operating/running costs (i.e not for equipment or the upgrade of facilities) please provide details for E below. If funding being applied for is for both, all sections (A to E) to be completed.

1. Amount being applied for under the CSF for

**€ (A)**

equipment or the upgrade of facilities

Max amount €5,000

|  |  |
| --- | --- |
| [ ] Partial | [ ] Total |

1. Is this amount a partial or total project cost?

**€ (C)**

1. If partial, give the estimated total project cost
2. Please include supporting documentation outlined below for your project. The Local Authority may also request specific documentation to support the application e.g. Bank statement to confirm available funds.

**Important note:** Please include supporting documentation. If your total project cost is in excess of €1,000, please include estimates/quotes from a minimum of three different independent suppliers with this form and also fill in below. **For all other cases**, please contact the cep@limerick.ie, tel. 061-556344/061-557365 for information on the required supporting documentation.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name of the Supplier** | **Description of Works/Items** | **Total Cost incl. VAT** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

**To be eligible for funding under this programme you must state where you will source any shortfall of funding. Please provide these details below.**

|  |  |
| --- | --- |
| **Source** | **Amount** |
|  |  |
|  |  |
|  |  |

**E**. If your application is related to **energy/operating costs** (i.e. not for equipment or the upgrade of facilities), **please provide supporting documentation**. This could include for e.g. utility bills etc. If you are unclear about what to provide, please contact the cep@limerick.ie, tel. 061-556344 /061-557365 for information on the required supporting documentation.

**\*\*Energy/operating costs only related to the period - 1st April 2022 to 31st March 2023 are eligible. If Energy Costs have been paid to groups under any other Funding Streams they cannot claim for the same costs again under this Scheme.**

The Local Authority may also at a later stage request specific documentation to support the application e.g. Bank statement to confirm available funds, bills, receipts of payment etc.

Amount being applied for under the CSF towards

**€ (E)**

Operating/running costs:€5,000

**Summary of funding being applied for:**

|  |  |
| --- | --- |
| **Funding Applied for** | **Amount** |
| Equipment or the upgrade of facilities (A) | € |
| Non-pay operating/running costs (E) | € |
| **Total amount being applied for under the CSF (A+E) Max Amt €10,000** | € |

|  |
| --- |
| Please state how your group proposes to publicly acknowledge the Department and Limerick City and County Council or Limerick LCDC­­­­­­­­­­­­­­­­­­­ |
|  |
|  |

The LCDC will check to ensure that this application works towards addressing priorities within its Local Economic and Community Plan (LECP) which you can access on your local authorities’ website. **If your application is for an amount greater than €1,000**, please complete the below table to state which key priority area(s) in the LECP this grant application relates to and the estimated number of people to benefit.

If your application is for a small scale capital grant of €1,000 or less, then you may wish to complete the below table, but you are not required to do so.

|  |  |
| --- | --- |
| **Key priority area of LECP** | **No. of beneficiaries** |
|  |  |
|  |  |
|  |  |

**SECTION 3 - DECLARATION**

* I declare that the information given on this form is accurate and correct.
* I confirm I have read and fully understand the Terms and Conditions of the ‘Community Support Fund 2022” under the Community Enhancement Programme 2022 (see page 2 of this form).
* I confirm that I have read the Application Guidelines for the ‘Community Support Fund 2022’ under the Community Enhancement Programme 2022 prior to completing this form.
* I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.
* I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford.
* I confirm that the applicant group/organisation is tax compliant (if tax registered).

|  |  |
| --- | --- |
| **Name in block capitals (on behalf of group / organisation):**  |  |
| **Signature:** |  |
| **Position held in group / organisation (block capitals):** |  |
| **Date:** |  |

**Appendix A- Breakdown of Capital Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Project Element** | **Description of Works/Items** | **Total Cost incl. VAT** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |
| **10.** |  |  |  |