  

# CLÁR Funding 2020 Project Application for

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

## Local Authority Information ( Office Use Only)

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| --- | --- |
| **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 contact details, if applicable:** |  |

**Local School/Community Group Information**

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| --- | --- |
| **School/Community Group Name:** |  |
| **Contact Person and position held:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No.:** |  |

**Project Information**

|  |  |
| --- | --- |
| **School/Community Facility Name:** |  |
| **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:** | |

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

**Please indicate the intervention(s) being applied for:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Intervention** | | **Possible Funding be allocated** | **to** | **Amount Sought** | **of** | **Funding** |
| Purchase and 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 approach roads  Schools/community facilities. | on to | 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 | |  | | |

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| 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 |  |

**Detailed Costings for Proposed Project:**

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

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| --- | --- |
| 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/School/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 project conforms to the LECP and/or other local or regional plans, and
* No funding has been allocated for the same project from any other sources.

## Signed on behalf of the Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Proof of the above must be available to the Department or its agents on request.

**Signed:**

**Local Authority Director of Services**

**Date:**