  

# CLÁR Funding 2020 Project Application for

**Measure 2: Community Recreation Areas**

## Local Authority Information (Office Use Only)

|  |  |
| --- | --- |
| **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:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No.:** |  |

**Project Information**

|  |  |  |
| --- | --- | --- |
| **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:** | | |
| **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 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 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 but must be available to the Department or its agents on request.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Authority, Director of Services**

**Date:**