

**COMMUNITY AMENITY PROJECT SCHEME 2024**

**NOTE: Closing Date is 12noon on Monday 4th March 2024**

**GROUP /ORGANISATION NAME:**

**FOR OFFICE USE ONLY**

Date Received:

Reference Number:

**ALL APPLICATIONS TO BE RETURNED TO:**

***Meath County Council, Community Section, Buvinda House,***

 ***Dublin Road, Navan, Co. Meath C15 Y291***

**By 12noon on Monday the 4th March 2024.**

**Closing date will be strictly adhered to**

**Please read the Community Amenity Project Scheme Guidelines before completing this form.**

**NB – No work should commence until approval has been given.**

**NB – The scheme is not intended to match fund or top-up other grant schemes such as LEADER, Sports Capital Grant and other similar schemes.**

## 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 for all correspondence**Eircode** |  |
| Contact Person for all correspondence |  |
| Role in Group/Organisation  |  |
| Telephone number |  |
| E-mail  |  |
| Website |  |
| Alternative Contact name |  |
| Alternative Telephone number |  |
| Alternative E-mail |  |
| Meath Public Participation Network (PPN) Registration Number (if registered) |  |
| Municipal District where proposed project is located (Ashbourne, Kells, Laytown/Bettystown, Navan, Ratoath, Trim) |  |

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

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Year established **\_\_\_\_\_\_\_\_**

What is the purpose of group / organisation **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Have you received funding under any capital grants schemes from 2015 to current date- i.e. grants from Government Departments, Local Authority or LEADER?

**YES** ☐ **NO** ☐

If **YES** please give details below:

|  |  |  |
| --- | --- | --- |
| **Name of scheme** | **Funding organisation** | **Amount of funding** |
|  |  |  |
|  |  |  |
|  |  |  |

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

**YES** ☐ **NO** ☐

Do you receive funding from any other organisation?

**YES** ☐ **NO** ☐

If **YES** 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** please give details below:

Name of organisation(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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How does your organisation link in with other organisations in your area (collaboration)?

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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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The minimum project application is €10,000.

**Important note:** Please include supporting documentation i.e. three official quotations from different independent suppliers must be submitted with this form. (on suppliers/contractors official headed paper, include VAT numbers and items listed must relate to the project)

## PURPOSE OF GRANT

What is the purpose of the grant?

☐ Sporting ☐ Recreational ☐ Environmental

☐ Amenity Facility ☐ Heritage ☐ Cultural Facilities

☐ Other (Give details below)

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Please outline details of the project

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Please state how the project will ensure community gain and demonstrate added value

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Please state why this project is needed for group/club

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When will your project begin? ­­­­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

When will your project be completed? ­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Are all relevant permissions in place (e.g. planning, written consent from landowner/property owner if your project involves the development of a property)? Please include copies of relevant leasing agreements/ permissions and or deeds.

**Not applicable** ☐ **YES** ☐ **NO** ☐

**Planning Reference (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is this a completely new project or part of a phased development, or linked with other schemes operated by Government Departments or the Local Authority?

**YES** ☐ **NO** ☐

If **YES** please provide the details below:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**FUNDING**

|  |  |
| --- | --- |
| Amount being applied for under the Community Amenity Project Scheme: | € |
| Is this amount partial or total project cost: | ☐Partial | ☐Total |
| If partial, give estimated total project cost: | € |
| Are phased payments requested: | ☐Yes ☐No |

**Please state in the table below where any shortfall of funding will be sourced.**

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

Please state how your group proposes to publicly acknowledge Meath County Council if successful

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**NB – No work should commence until approval has been given**

***Late applications will not be accepted. Please return completed application form to Community Department, Meath County Council, Buvinda House, Dublin Road, Navan, Co. Meath, C15 Y291 or by email*** ***communitygrants@meathcoco.ie*** ***by 12noon on Monday the 4th March 2024***

**Note in relation to data protection:**

**The personal information (data) collected on this form, including any attachments, (which may include the collection of sensitive personal data) is collected for the purpose of processing this application and any data collected is subject to Meath County Council’s privacy statement which can be found at** [**http://www.meath.ie/Data Protection/**](http://www.meath.ie/Data%20Protection/)

**SECTION 3 – DECLARATION**

* I declare that the information given in this form is correct.
* I confirm I have read and fully understand the Guidelines of the Community Amenity Project Scheme.
* I confirm that this grant application is submitted in acceptance of and compliance with the Guidelines.
* I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that with the grant the applicant group/organisation will now undertake a larger project which they otherwise would not be able to afford.
* I confirm that the applicant group/organisation is tax compliant (if tax registered).

Please ensure all supporting documentation is submitted, section completed with this application as applicable:

* 3 comparable quotes for the work
* Copies of relevant leasing agreements/ permissions/ and or deeds
* Articles of Association/ Constitution and minutes of last AGM
* Income and Expenditure Account
* Banking documentation in the name of the community group
* Charitable status number, if applicable
* Copy of agreement with Meath County Council department to carry out works, if applicable
* Compliance with procurement as set out in the scheme details (quotes / tender process)

Please contact the Community Department if you need assistance with this.

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.

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