**Expression of Interest Form**

**Town & Village Renewal Scheme 2020**



Please complete this Expression of Interest form

and return it to your Local Authority designated contact.

**Town & Village Renewal Scheme 2020**

**Town/Village covered:**

**Accelerated COVID 19 Measure: Y / N**

**Please indicate which category of funding is being applied for:**

**Category 1 Category 2**

**Towns/Villages with Towns/Villages with**

**Population of 5,000 Population of**

**or less 5,001-10,000**

**Amount of Funding Requested:**

**Applicant Group:**

**Applicant Contact Name:**

**Applicant Contact Address:**

**Applicant Telephone Number:**

**Applicant Mobile Number:**

**Applicant Email Address:**

1. **Has funding for this project ever been sought from other sources?** [ ]  Yes [ ]  No

**(If "YES" yes please specify from what source and if funding was provided)**

|  |
| --- |
|  |

1. **Who are the specific project stakeholders/community partners in this project?**

**(Chamber of Commerce, Community group, etc.).**

|  |
| --- |
|  |

1. **Project details:**

|  |
| --- |
|  |

1. **If seeking funding of between €100,000 and €200,000, please detail the particular case for this level of funding.**

|  |
| --- |
|  |

1. **What is the objective of the proposed project and how will the intended outcomes be measured? (Please identify any metrics or benchmarks that will be applied).**

|  |
| --- |
|  |

**DECLARATION**

|  |
| --- |
| **I hereby confirm that I have read and understand this document. I request that consideration be given in support of the project as outlined above.****Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |