  

**OUTDOOR RECREATION INFRASTRUCTURE SCHEME 2022**

**Project Development Measure - Application Form**

**Local Authority Information:**

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| --- | --- |
| **Project Name:** | Click or tap here to enter text. |
| **Lead Organisation:** | Click or tap here to enter text. |
| **Contact Person:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Telephone No.:** | Click or tap here to enter text. |

**Local Community Information**

|  |  |
| --- | --- |
| **Project Name:** | Click or tap here to enter text. |
| **Position:** | Click or tap here to enter text. |
| **Contact Person:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Telephone No.:** | Click or tap here to enter text. |
| **List all other stakeholders involved in this application:** | Click or tap here to enter text. |

**Project Information**

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| --- | --- | --- |
| **Indicative prioritisation given to this project i.e. 1, 2:** | | Choose an item. |
| **Please provide a clear and concise description of the proposed project:** (This will be used for the Press Release, if approved, max. 30 words) | | Click or tap here to enter text. |
| **Location of proposed project:** | | Click or tap here to enter text. |
| **Please provide the Eircode or XY (ITM format) Coordinates of the project:** XY coordinates should be captured in Irish Transverse Mercator (ITM) formats. Coordinates can be converted to ITM format here: <https://gnss.osi.ie/new-converter/>. This data will be used to geo-map all successful projects | | Click or tap here to enter text. |
| **Outline the consultation which has taken place to date with stakeholders/ beneficiaries e.g. sectoral authorities/agencies, business community, local community groups, residents etc. in relation to the proposal:**  Specifically highlight any issues which arose on foot of consultation and how these have been, or are being, addressed. | | Click or tap here to enter text. |
| **Is planning permission in place/train?**  Planning Reference Number (if applicable): | Click or tap here to enter text. | |
| **Has consultation with landowners taken place?**  If project traverses Coillte lands or within 200m of NPWS lands, a letter or consent/support should be included with the application. | Click or tap here to enter text. | |
| **Please provide a synopsis of the proposal, detailing the intervention envisaged and the works proposed. Include a summary of the Measure 2/3 project that will be developed as a result of the completion of the Project Development proposal:**  Click or tap here to enter text. | | |
| **Outline how the proposed final project supports outdoor recreation:**  Click or tap here to enter text. | | |
| **How will the final project support tourism in the local area:**  Click or tap here to enter text. | | |
| **Outline how the proposed final project is strategic in nature:**  Click or tap here to enter text. | | |

**Detailed Costings for Proposed Project:**

Please provide **detailed breakdown of all elements** of the proposed works:

***Important:*** *Press the* ***tab key*** *on your keyboard after entering or amending each cost value in the table below to ensure that the totals and percentages calculate correctly.*

|  |  |  |
| --- | --- | --- |
| **Project Elements\***  (provide details of each element ) | **Cost (inc. VAT)** | |
|  | € | |
|  | € | |
|  | € | |
|  | € | |
| **Local Authority Costs** (if applicable) |  | |
| 1. | € | |
| 2. | € | |
| **Total Project Cost (Sum of Project Element Costs)** | **€** **0.00** | *The two ‘Total Project Cost’ fields must equate* |
| **Grant Aid amount sought**  (Max of 90% of total project costs) | € | % of total project costs: |
| **Match Funding:**  (Min 10% of total cost) Included in project elements listed above | € | % of total project costs: |
| **Total Project Cost (Grant Aid + Match Funding)** | **€** **0.00** | *The two ‘Total Project Cost’ fields must equate* |
| **\*Failure to provide adequate detail and costings will result in the project receiving lower marks** | | |

**Timelines:**

Projects funded under the Project Development Measure should be completed by 30th June 2023. Provide timeline for commencement and completion dates, and an indicative time frame for completion of the project:

|  |  |  |
| --- | --- | --- |
|  | **Proposed date:** | **Indicative time frame (days/weeks):** |
| Commencement Date: | Click or tap to enter a date. | Click or tap here to enter text. |
| Completion Date: | Click or tap to enter a date. |
| **Additional Comments:**  e.g. works can only be carried out at a certain time of year/project approval delays etc.  Click or tap here to enter text. | | |

**Use of Data**

The information on this Application Form will be used by the Department of Rural and Community Development for the purposes of processing the application. Further information may be sought by the Department to clarify aspects of the project proposal. The application form will be shared with Fáilte Ireland for assessment purposes. The Department may draw on broader, more specialist expertise where required, and such information as considered necessary to complete an assessment of your application may be shared with those experts

The Applicant and the Department are subject to the data protection and privacy laws of Ireland and the EU, in particular the Data Protection Act 2018 and Regulation (EU) 2016/679, known as the EU General Data Protection Regulation (“GDPR”). Any personal information which you provide as part of the application process will be obtained and processed in compliance with Data Protection legislation.

The Department retains the right to disclose for the purposes of a request under the Freedom of Information Act 2014 or otherwise, in connection with the funded project(s) –

1. any information supplied by the Applicant to the Department,
2. any relevant data gathered by the Department in administering grant aid to the project, except where the information is considered to be personal or commercially sensitive.

**Declaration by Lead Applicant**

This declaration must be completed by an officer authorised at a senior level within the lead applicant organisation i.e. at least Director of Services level in a Local Authority.

I confirm that I have read and understood this document and declare that the particulars supplied in this application are true and correct and that –

* This project is eligible under the ORIS criteria.
* The costings are accurate and reasonable.
* Match funding is available for the project.
* Evidence of ownership (if applicable) or the consent of the landowner.
* The project will comply with Public Procurement Guidelines.
* The project conforms to the LECP and other local or regional plans.
* No funding has been allocated for the same works from any other sources.

Proof of the above is not required at the time of application but must be available to the Department or its agents on request.

I acknowledge the information regarding the use of data set out above and give consent to the Department of Rural and Community Development for the sharing of all information, personal or otherwise, contained in this application and any attachments accompanying it, in accordance with the uses of the data and information provided above.

|  |  |
| --- | --- |
| **Submitted on behalf of:**  (Lead Applicant Organisation) | Click or tap here to enter text. |
| **Name :** | Click or tap here to enter text. |
| **Position :** | Click or tap here to enter text. |
| **Date :** | Click or tap to enter a date. |