LOCAL ENHANCEMENT PROGRAMME 2024 - CAPITAL FUNDING

* Question is required for completion of application.

Registration Details
First Name
Last Name
Email Address

Section 1 - Your Organisation

1*	**Name of Group / Organisation**
2*	**Address**
3	**Eircode**
4	**Eircode of project for grant aid if different to the above**
5*	**Contact name**
6	**Role in Group/Organisation**
7*	**Telephone number**
8*	**E-mail**
9	**Website**

10	Alternative Contact name

11	Alternative Telephone number

12	Alternative E-mail

13*	Please provide a brief organisational description of your group / organisation
	e.g. committee structure, meeting schedule, existence of memo and arts documents, registration with Company Registration Office, the Charities Regulator etc.

14*	Has your Organisation / Group registered with the Fingal Public Participation Network (PPN)? Has your Organisation / Group registered with the Fingal Public Participation Network (PPN)? *(Circle your selected answer)*
	If NO, please consider registering with the relevant PPN.
a)	Yes
b)	No

15*	Year of establishment of group

16*	What is the purpose of Group/ Organisation

	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.

17*	Have you received funding under any capital grants schemes from 2018 to current date- i.e. grants from Government Departments, Local Authority or LEADER? Have you received funding under any capital grants schemes from 2018 to current date- i.e. grants from Government Departments, Local Authority or LEADER? *(Circle your selected answer)*
a)	Yes

b)   No

17.A.1   **Please provide the following details** *(Complete question if you answered 'Yes' for Q17)*

Name of scheme	Funding organisation	Amount received	Date received

17.A.2   **If any of the above funding was paid through the Local Authority, have you submitted your Bank Account Details previously?** *(Complete question if you answered 'Yes' for Q17) (Circle your selected answer)*

a)   Yes

b)   No

18*   **Do you receive funding from any other organisation? Do you receive funding from any other organisation?** *(Circle your selected answer)*

a)   Yes

b)   No

18.A.1   **Please provide the following details** *(Complete question if you answered 'Yes' for Q18)*

Funding organisation	Purpose of Funding	Amount received	Date received

19*   **Is your organisation affiliated or connected to any relevant local regional or national body? Is your organisation affiliated or connected to any relevant local regional or national body?** *(Circle your selected answer)*

a)   Yes

b)   No

19.A.1   **Name of organisation(s)** *(Complete question if you answered 'Yes' for Q19)*

20   **How does your organisation link in with other organisations in your area?**

21   **If your organisation is a registered charity, please provide your Charitable Status Number**

22	If your organisation is registered for tax purposes, please provide your Tax Reference number

23	If applicable, please provide your Tax Clearance number

Section 2 – Project Details

24*	How much funding are you applying for?
	Maximum grant aid available €10,000

Purpose of Grant

25*	Purpose of the Grant. What will the funding be used for? *(Circle all that apply)*
	Note: This list is not exhaustive, but gives examples of types of capital expenditure

a)	IT Equipment
b)	Sports Equipment
c)	CCTV
d)	Training Equipment
e)	Safety Equipment
f)	Renovation of Building Premises
g)	Machinery
h)	Energy efficiency upgrade
i)	Development of community facility
j)	Other (give details)
k)	General Equipment
l)	Maintenance of Building / Premises
m)	Improved access for persons with a disability

25.J.1	Please provide more details *(Complete question if you answered 'j' for Q25)*

26*	What is the purpose of the grant? (Outline details of the project).

27* Please input the exact location (X-Y coordinates) of where the proposed project will be based. This information is required in ITM format. The simple guide linked in the attachments section above will show you how to find these: https://irish.gridreferencefinder.com

X ITM	
Y ITM	

28* When will your project begin?

29* When will your project be completed?

30 Are all relevant permissions in place?
(Circle all that apply)

(e.g. planning, written consent from landowner/property owner if your project involves the development of a property)

a) Yes

b) No

c) Not Applicable

31 Is this part of a phased development and/or linked with (or funded by) other schemes operated by Government Departments or the Local Authority?
Is this part of a phased development and/or linked with (or funded by) other schemes operated by Government Departments or the Local Authority? *(Circle your selected answer)*

a) Yes

b) No

31.A.1 Please provide more details *(Complete question if you answered 'Yes' for Q31)*

Funding

32* Amount being applied for under the LEP for equipment or the upgrade of facilities

33* Is this amount a total or partial cost?

Total Cost	
Partial Cost	

34	If partial, give the estimated total project cost

Please include supporting documentation outlined below for your project. The Local Authority may also request specific documentation to support the application e.g. Bank statement to confirm available funds.

Important Note: Please upload a minimum of 3 estimates/ quotes from a minimum of three different independent suppliers with this form.

35	Please upload your quotations and any other supporting documentation that may be necessary for your application *(May not be applicable for paper form.)*

36	To be eligible for funding under this programme you must state where you will source any shortfall of funding. Please provide these details.

Source	Amount

37*	Please state how your group proposes to publicly acknowledge the Department, Local Authority or LCDC

38	The LCDC will check to ensure that this application works towards addressing priorities within its Local Economic and Community Plan (LECP) which you can access on your local authorities' website. If your application is for an amount greater than €1,000, please complete the below table to state which key priority area(s) in the LECP this grant application relates to and the estimated number of people to benefit. If your application is for a small scale capital grant of €1,000 or less, then you may wish to complete the below table, but you are not required to do so.

Key priority area of LECP - If applicable to your project, choose one of the following:	No. of beneficiaries
Learning, Training and Working	
Well-Being and Social Inclusion	
Leadership & Community Empowerment	
Tourism, Environment and Heritage	
Enterprise and Employment	
Urban Towns and Rural Communities	

Section 3 - Declaration

39*
• I declare that the information given on this form is accurate and correct to the best of my knowledge.

• I confirm I have read and fully understand the Terms and Conditions of the 'Local Enhancement Programme 2024' (Located in the general section of this application form).

• I confirm that I have read the Application Guidelines for the 'Local Enhancement Programme 2024' prior to completing this form.

• I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.

• I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford.

• I confirm that the applicant group/organisation is tax compliant (if tax registered).

Name in block capitals (on behalf of group/organisation)	
Position held in group	