### **COMMUNITY ENHANCEMENT PROGRAMME 2020**

## NOTE: CLOSING DATE FRIDAY 18<sup>TH</sup> SEPTEMBER 2020 AT 5.00 P.M.

# An Roinn Forbartha Tuaithe agus Pobail Department of Rural and Community Development

Date Received:
Reference Number:
LCDC recommendation:

FOR OFFICE USE ONLY



AME OF GROUP /ORGANISATION applying for grant to be entered here:	

## ALL APPLICATIONS ARE TO BE RETURNED TO:

Community, Cultural & Social Development,
Wicklow County Council,
County Buildings,
Whitegates,
Wicklow Town,
Co. Wicklow.
A67 FW96

BY 5.00 P.M. ON FRIDAY 18<sup>TH</sup> SEPTEMBER 2020 CLOSING DATE WILL BE STRICTLY ADHERED TO.

# Department of Rural and Community Development Community Enhancement Programme

The Department of Rural and Community Development ("the Department") operates a grant programme through the Local Community Development Committees (LCDCs). This capital grant programme provides funding to enhance facilities in disadvantaged communities. Applications should relate to one or more key priority areas identified in the LCDC Local Economic and Community Plan (LECP) in order to be eligible for consideration.

#### **TERMS AND CONDITIONS**

- Under the Community Enhancement Programme (CEP), which is funded by the Department, grants will be provided towards capital projects to enhance facilities in disadvantaged areas. The scheme does not provide funding for the employment of staff.
- The activity or project must benefit the local community and relate to the key priority areas identified in the LECP.
- The information supplied by the applicant group /organisation must be accurate and complete.
- Misinformation may lead to disqualification and/or the repayment of any grant made.
- All information provided in respect of the application for a grant will be held electronically. The Department reserves the right to publish a list of all grants awarded on its website.
- The Freedom of Information Act applies to all records held by the Department and Local Authorities.
- The application must be signed by the Chairperson, Secretary or Treasurer of the organisation making the submission.
- It is the responsibility of each organisation to ensure that it has proper procedures and policies in place including appropriate insurance where relevant.
- Applications must be on the 2020 form.
- Evidence of expenditure, receipts /invoices must be retained and provided to the LCDC or their representative if requested.
- Grant monies must be expended and drawn down from the LCDC by end of year 2020. Photographic
  evidence may be required to facilitate draw down of grants.
- The Department's contribution must be publicly acknowledged in all materials associated with the purpose of the grant.
- Generally no third party or intermediary applications will be considered.
- Late applications will not be considered.
- Applications by post should use the correct value of postage stamps and allow sufficient time to ensure delivery not later than the closing date of <u>FRIDAY 18<sup>th</sup> SEPTEMBER 2020 at 5.00 P.M.</u> Claims that any application form has been lost or delayed in the post will not be considered, unless applicants have a Post Office Certificate of Posting in support of such claims.
- Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.
- Please ensure the application form is completed in full. Incomplete applications will not be considered for funding.
- In order to process your application it may be necessary for Wicklow County Council to collect personal data from you. Such information will be processed in line with the Local Authority's privacy statement which is available to view on Wicklow.ie.

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 (location)	
Eircode	
Address (for correspondence)	
Eircode	
Contact name	
Role in Group/Organisation	
Telephone number	
E-mail	
Website	
Alternative Contact name	
Alternative Telephone number	
Alternative E-mail	
Please provide a brief organisational description structure, meeting schedule etc.:	on of your group / organisation e.g. committee
Has your Organisation / Group registered with PPN)?  YES □ NO	the relevant local Public Participation Network
f NO, then perhaps you would consider joining	g the PPN.
Year established	
What is the purpose of group / organisation	

Successful applications for funding under this programme will <u>only be paid to the applicant organisation's Bank Account.</u> Please ensure you have your Bank Account details to hand if your application is successful.

Have you received fu from Government Dep			chemes from 2017 to ADER?	current date- i.e. grar
Y	′ES □	NO 🗆		
If <b>YES</b> please give de	tails below:			
Name of s		Fundin	g organisation	Amount of funding
If any of the above fur Account Details previ	•	I through the Loca	al Authority, have you s	submitted your Bank
Y	'ES □	NO $\square$		
Do you receive fundir	ig from any oth	ner organisation?		
Y	'ES □	NO $\square$		
If <b>YES</b> please give de	tails below:			
Fur	nding organis	ation	Amount received	Date received
ls your organisation a	ffiliated or con	nected to any rele	evant local regional or	national body?
Y	ES 🗆	NO 🗆		
If <b>YES</b> please give de	tails below:			
Name of organisation	(5)			
How doos your organ	ication link in w	vith other erganic	ations in your area?	
now does your organ	ısalıvı IIIIK III V	viui ouiei oigailis	auons in your area?	

Charitable Status Number (if applicable):
ax Reference Number (if applicable):
ax Clearance Access Number (if applicable):
SECTION 2 – Project Details
low much funding are you applying for? Tick one of the below options.
☐ Small scale capital grant of €1,000 or less
☐ Capital grant in excess of €1,000
PURPOSE OF GRANT
Vhat will the funding be used for? Note: This list is not exhaustive, but gives examples of types of capital expenditure
☐ IT Equipment ☐ Sports Equipment ☐ CCTV ☐ Signage ☐ Training Equipment ☐ Upgrade of building ☐ Upgrade playground ☐ Safety Equipment ☐ Defibrillator ☐ Energy efficient upgrade ☐ Research facilities ☐ Development of community facility ☐ Other (Give details)
Vhat is the purpose of the grant? (Outline details of the project).
Vhen will your project begin?
Vhen 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)?
Not applicable □ YES □ NO □

YES □ NO □		
If <b>YES</b> please provide the details below:		
<u>FUNDING</u>		
Amount being applied for under the CEP:	€	
Is this amount a partial or total project cost?	□Partial	□Total
If partial, give the estimated total project cost:	€	
supporting documentation.		
To be eligible for funding under this programm shortfall of funding. Please provide these details		e where you will source any
		e where you will source any
shortfall of funding. Please provide these detail		,
shortfall of funding. Please provide these detail		,
shortfall of funding. Please provide these detail		,
shortfall of funding. Please provide these detail	Communities Fa	Amount  cilities Scheme or RAPID in
Source  Source  Has your organisation availed of funding under the 2017, or the 2018 CEP, or the 2018 Men's Shed funding under the 2017.	Communities Fa	Amount  cilities Scheme or RAPID in
Source  Source  Has your organisation availed of funding under the 2017, or the 2018 CEP, or the 2018 Men's Shed further Women's Shed Fund?	Communities Fa	Amount  cilities Scheme or RAPID in CEP, or the 2019 Men's and

Is this part of a phased development and/or linked with (or funded by) other schemes operated by

 lease state how your group proposes to publicly acknowledge the Department, LA or LCDC	
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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	No. of beneficiaries

## **SECTION 3 - DECLARATION**

- I declare that the information given in this form is correct.
- I confirm I have read and fully understand the Terms and Conditions of the Community Enhancement Programme (see page 2 of this form).
- I confirm that I have read the Community Enhancement Programme Application Guidelines 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 <u>or alternatively</u> 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):	
Signature:	
Position held in group / organisation (block capitals):	
Date:	

## **DATABASE**

Wicklow County Council is currently preparing a database of Community & Voluntary Groups in the
county. This will be used exclusively by WCC to inform groups and organisations (by email)
of any upcoming grants or community news.

If you wish to be included on this database please complete and sign this form:

	unity Group	
Contact email:		
	(Please print)	
Contact Name: _		-
Signature: _		-
Date:		
Please note that V	Vicklow County Council's privacy policy is available at	