**WICKLOW COUNTY COUNCIL**

**ARKLOW MUNICIPAL DISTRICT**



**Estate Development Funding Scheme 2018**

**APPLICATION FORM**

**Name and Address of Residents Association:**

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

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**Contact person – name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact person – address:**

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

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**Contact person – telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact person – Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please enclose proof of your Residents Association’s existence e.g. a dated letter signed by all members and / or a copy of your constitution.**

|  |
| --- |
| **Please provide details of works carried out in your estate by this Residents Association in previous year and costs incurred.** |
| **Please supply details of the project for which funding is being sought and**  **details of the cost involved:-** |

**Please provide the following details:-**

**Name on Bank / Credit Union / Post Office Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(applications will not be accepted in the absence of a copy of a current statement being attached to this application)**

DECLARATION:

**This should be completed by the person to whom all correspondence will be addressed.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(BLOCK CAPITALS)**

**On behalf of**

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

**Apply for an Estate Development Grant from Arklow Municipal District for the purposes outlined above.**

**We also accept as a condition of this grant:**

* **That it involves no commitment to any other grants from Arklow Municipal District in the future.**
* **Arklow Municipal District reserve the right to request further information, if required.**
* **That Arklow Municipal District accept no responsibility for the project and that the project must meet with all Planning and Health and Safety Regulations.**
* **The project may be inspected by Arklow Municipal District or by its agents at any time.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**

**Completed applications to be submitted to Arklow Municipal District, Castle Park, Arklow. Co. Wicklow by 4.00 pm on Friday 9th March 2018**