

# COMMUNITIES FACILITIES SCHEME APPLICATION FORM 2017

**NOTE: Closing Date 4PM 30<sup>th</sup> June 2017**



## **FOR OFFICE USE ONLY**

Date Received:  
Reference Number:  
LCDC recommendation:  
Municipal District decision:



**GROUP /ORGANISATION NAME:** \_\_\_\_\_

**MUNICIPAL DISTRICT:** *please tick appropriate box*

**Piltown**

**Castlecomer**

**Kilkenny City East**

**Kilkenny City West**

**ALL APPLICATIONS ARE TO BE RETURNED TO:**

**Cora Nolan**

**Community Section, Kilkenny County Council**

**Johns Green House, Johns Green, Kilkenny**

**Or**

**[Community@kilkennycoco.ie](mailto:Community@kilkennycoco.ie)**

**By 4pm 30<sup>th</sup> June 2017**

**CLOSING DATE WILL BE STRICTLY ADHERED TO**

*Please read the CFS Application Guidelines before completing this form.*

*Please read the Terms and Conditions on page 2.*

*Please sign DECLARATION on page 6 .*

## Communities Facilities Scheme

The Department of Housing, Planning, Community and Local Government (“the Department”) operates a communities facilities capital grant scheme through the Local Community Development Committees in order to support community participation and involvement. Under the scheme community and voluntary groups may apply for grants for capital projects which benefit the local community. Applications should relate to at least one key target group and thematic area in order to be eligible for consideration.

### Target groups and thematic areas

- Youth
- Older people
- Immigrants
- Refugees
- Travellers
- Ex-prisoners and families of prisoners/ex-prisoners
- Projects promoting cultural activity
- Projects promoting equality
- Community development projects
- Projects promoting integration
- Projects which are part of the Creative Ireland 2017-2022 initiative

### TERMS AND CONDITIONS

- The Department under the Communities Facilities Scheme will support community activities promoted by community and voluntary groups subject to available resources. The scheme does not provide funding for the employment of staff.
- The project must benefit the local community and should relate to at least one key target group and thematic area.
- 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 2017 form.
- A short report outlining how the funding was spent including the outcomes and impacts must be submitted not later than one month after the funding has been spent has taken place. We request that photographs also be included as part of the report.
- Evidence of expenditure, receipts /invoices must be retained and provided to the LCDC upon completion of the project or their representative if requested.
- 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 **Friday 30 June 2017 at 4pm**. 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.
- Applications can be returned by post or email marked clearly before 4PM on the 30<sup>th</sup> June 2017.

- Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.

All questions on this form must be answered. Please write your answers clearly in block letters.

### SECTION 1 – CONTACT DETAILS

<b>Name of Group / Organisation</b>	
<b>Address</b>	
<b>Eircode</b>	
<b>Contact name</b>	
<b>Role in Group/Organisation</b>	
<b>Telephone number</b>	
<b>E-mail</b>	
<b>Website</b>	

Have you received funding under any capital grants scheme within the last three years? **YES/NO** (delete as appropriate)

If **YES** please give details:-

<b>Name of scheme</b>	<b>Funding organisation</b>	<b>Amount of funding</b>

If any of the above funding was paid through the Local Authority, have you submitted your Bank Account Details previously?

**YES/NO** (delete as appropriate)

Please give details of your group /organisation which appear *on the Bank Account*

<b>Group / Organisation name</b>	
<b>Address</b>	
	3   Page

## SECTION 2 - GROUP/ ORGANISATION DETAILS

Purpose of group / organisation \_\_\_\_\_

Year established \_\_\_\_\_

Please provide a brief organisational description of your group / organisation e.g. committee structure, meeting schedule etc.

Has your Organisation / Group registered with the relevant local Public Participation Network (PPN)?  
**YES/NO** (delete as appropriate)

If **NO**, then perhaps you would consider joining the PPN.

Do you receive funding from any other organisation?

**YES/NO** (delete as appropriate)

If **YES** please give details below:

Funding organisation	Amount received	Date received

Is your organisation affiliated or connected to any relevant local regional or national body? **YES/NO**  
(delete as appropriate)

If **YES** please give details below:

Name of organisation(s):

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

Charitable Status Number (if applicable):

Tax Reference Number (if applicable):

Tax Clearance Access Number (if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 3 - PURPOSE OF GRANT AND FUNDING

#### PURPOSE

Please select which key priority area(s) this grant application relates to:

		Approximate number of people who will benefit
<input type="checkbox"/>	Youth	
<input type="checkbox"/>	Older people	
<input type="checkbox"/>	Immigrants	
<input type="checkbox"/>	Refugees	
<input type="checkbox"/>	Travellers	
<input type="checkbox"/>	People with disabilities	
<input type="checkbox"/>	Lone parents	
<input type="checkbox"/>	Ex-prisoners and families of prisoners/ex-prisoners	
<input type="checkbox"/>	Projects promoting cultural activity	
<input type="checkbox"/>	Projects promoting equality	
<input type="checkbox"/>	Community development projects	
<input type="checkbox"/>	Projects promoting integration	
<input type="checkbox"/>	Projects which are part of the Creative Ireland initiative	
<input type="checkbox"/>	Other (give details)	

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

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**Please outline the impacts of this project to the community**

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**Please outline the outcomes of this project to the community**

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## FUNDING

Amount being applied for under the CFS: € \_\_\_\_\_

Is this amount partial or total project cost:  Partial  Total

If partial, give estimated total project cost: € \_\_\_\_\_

Where will you source any shortfall of funding? \_\_\_\_\_

Source	Amount

## SECTION 4 - 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 Facilities Scheme (see page 2 of application form).

I confirm that I have read the CFS 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 or alternatively that with the grant the applicant group/organisation will now undertake a larger project which they otherwise would not be able to afford.

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

<b>Name in block capitals (on behalf of group / organisation):</b>	
<b>Signature:</b>	
<b>Position held in group / organisation (block capitals):</b>	
<b>Date:</b>	