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**COMMUNITY RECONIGITION FUND 2024**

**Application**

**Community Group/Organisation Information**

|  |  |
| --- | --- |
| **Contact Person:** |  |
| **Address** |  |
| **Eircode** |  |
| **Email** |  |
| **Telephone No.** |  |
| **Role in Group/Organisation** |  |
| **Website address if any** |  |
| **Year Group/Organisation Established** | Click or tap to enter a date. |
| **What is the purpose of the group/ organisation** |  |
| **Type of organisation** |  |
| **Charitable Status Number (if applicable)** |  |
| **Tax Reference & Access Number (if applicable)** |  |

**Project Information/Background & General Information**

|  |  |  |
| --- | --- | --- |
| **Rationale for Eligibility of your area for the Community Recognition Fund** | Choose an item. | |
| **Please provide the exact location (X-Y co-ordinates) of where the proposed project will be based**  This information is required in **ITM format**. The simple guide we have provided for download above will show you how to find these on [https://irish.gridreferencefinder.com](https://irish.gridreferencefinder.com/) |  | |
| **Please indicate the Municipal District in which the proposed project is situated** | Choose an item. | |
| **Are these works part of a larger project Y/N:**  If Yes, please provide details. | Choose an item. | |
| **Does the applicant own the property or is there a minimum 15 year lease in place:**  Please provide details | Choose an item. | |
| **Is written consent from landowner/property owner in place**  Please provide details | Choose an item. | |
| **Is planning permission in place (if applicable)? Please provide reference number if decision pending**  **If you are unsure if planning permission is required please contact our Planning Department and they will advise.** | Choose an item. | |
| **Is the proposed works on public lands** | Choose an item. | |
| **Can your project be delivered within the required timeframe**  Please provide details on work programme | Choose an item. | |
| **Please provide a brief overview of the project proposed** | | |
| **Rationale for Eligibility of your area for the Community Recognition Fund** | | |
| **Please outline the gaps in community facilities/infrastructure that you feel could be addressed by this funding** | | |
| **Please provide details of any community consultatition undertaken which highlighted the need for this project** | | |
| **Does this proposal form part of a community plan or any other plan for the town or village – Please provide details** | | |
| **Which of the following Local Economic & Community Plan (LECP) High Level Goals is your project most aligned to?**  Choose an item. | | |
| **Has an application in respect of this proposal been approved for funding under any other scheme or programme in the past operated by the Department of Local Authority (Y/N)?**  If yes, please provide details. | | Choose an item. |
| **Has an application for funding for this project been approved (or pending decision) under any other scheme or programme operated by the Department of Local Authority (Y/N)?**  If yes, please provide details. | | Choose an item. |

**Detailed Costings for Proposed Project:**

Please provide detailed breakdown of individual elements and associated costs of the proposed works including any administration/other fees/costs:

|  |  |  |
| --- | --- | --- |
| **Project Elements**  (provide details of each element ) | | **Cost (inc. VAT)** |
|  | | € |
|  | | € |
|  | | € |
|  | | € |
|  | | € |
|  | | € |
|  | | € |
|  | | € |
| **Professional fees:**  (e.g. architectural, engineering, survey costs) | **% of overall project ( %)** | € |
| **Total Cost** | | € |
| **Funding amount sought:** | | € |
| **Match Funding:**  (If applicable) | | € |
| **Source(s) of Match Funding:** | |  |

**Please provide as much details as possible about how you arrived at these costs – where you have received quotes from contractors please attach to your application. This will help strengthen your application and ensure accurate costs have been obtained.**

**APPLICANT DECLARATION**

**Declaration by Lead Applicant**

This declaration must be signed by an authorised person within the lead applicant organisation.

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

* The costings are accurate and reasonable.
* All necessary permissions are in place e.g. planning consent etc.
* All relevant ecological survey work (if applicable) has been undertaken or will be undertaken e.g. Appropriate Assessment screen.
* There is 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.
* I confirm that the applicant group/organisation is tax compliant (if tax registerd).
* I confirm that I am authorised to apply for funding on behalf of my group and has been recorded at a committee meeting.

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

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Position**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applications** (together with all relevant back up information) must be submitted by email in **WORD format** to [crf@monaghancoco.ie](mailto:crf@monaghancoco.ie)

**Closing Date for receipt of completed applications is**

**4.00 p.m. on Wednesday 1st May 2024.**

**Applications received after this date will not be considered**