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| **English version** |

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| **Scéimeanna Tacaíochta Pobail 2019 – Foirm Iarratais**  **Forbairt Phobail** | gcc logob stacked.png | | Community Support Schemes 2019 – Application Form  Community Development |
| **Tá an fhoirm seo le fáil i gcló mór chomh maith** | | This form is also available in large print | |
| **Tá míle fáilte an fhoirm seo a líonadh i nGaeilge** | | | |

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| **NAME OF APPLICANT GROUP/ORGANISATION:** |  |

Please tick (✓) which category you are applying for:

1. Community Amenities and Facilities – Tidy Towns Applicants

Community Amenities and Facilities – Other Groups

1. Social Inclusion Measures

**Completing your Application:**

\* Please read the Guidelines before completing your application form.

\* Please ensure you supply all supporting documentation as incomplete applications will be returned.

\* Please answer all questions on the form in a clear and concise manner.

\* To facilitate ease of assessment, it is preferable if you submit your application in typed format. If this is

not possible, please use a black biro and write in BLOCK CAPITALS.

**Submitting your Application:**

You must submit your completed and signed Application Form, with all supporting documentation, on or before the closing date – late applications will not be accepted. You may submit your completed application by **one** of the following methods:

By e-mail to: [communitysupportscheme@galwaycoco.ie](mailto:communitysupportscheme@galwaycoco.ie) (this is our preferred method of receipt – please sign the form first, then scan & e-mail it with all supporting documentation).

By post to:COMMUNITY GRANTS**,** Economic Rural & Community Development Department, Galway County Council, County Hall, Prospect Hill, Galway, H91 H6KX.

By hand to:The Customer Services Desk at Aras an Chontae or our offices at Centrepoint, Liosban Industrial Estate, during office hours. Outside of office hours, you can place the sealed envelope containing your completed application into the Post Box directly outside the front door of Aras an Chontae. All applications received via our Post Box or by hand are logged upon receipt.

**Closing date for receipt of completed application forms is 4.00 p.m. on Thursday 28th February 2019.**

*Office Use Only:*

*Date Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If eligible, Ref. No. assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Eligible/Ineligible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If successful, grant amount awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **SECTION 1: APPLICANT DETAILS** | | |
| Name of Applicant Organisation: |  | |
| Address of Applicant Organisation: |  | |
| Online details of Applicant Organisation:  (Website, Facebook, Twitter, Other Social Media) |  | |
| Is your Organisation registered with the PPN? | Yes Reg. No. \_\_\_\_\_\_\_\_\_\_\_No | |
| Is your Group/Organisation non-profit making? | Yes No | |
| Legal Status of your Group/Organisation: |  | |
| If you are registered for tax/VAT, please give your Tax Reference No. and e-tax clearance access no. |  | |
| If you are a registered Charity, please give your Charity Registration no. |  | |
| What is the primary purpose of your Group / Organisation? |  | |
| No. of Committee Members in your Group: |  | |
| Number of Paid Staff:  Number of Volunteers: | Full-Time –  Full-Time - | Part-Time –  Part-Time - |
| Contact Names for Correspondence: |  |  |
| Position in Group/Organisation: |  |  |
| E-mail Addresses for Correspondence: |  |  |
| Telephone No.’s for Correspondence: |  |  |
| Which of the municipal districts are you applying to for funding? | Athenry-Oranmore Ballinasloe  Conamara  Loughrea Tuam County-wide | |

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| If your project involves work on community buildings, please submit a copy of your title to the building and confirm that the facilities are available for use by the community – specify what groups use the building and whether you charge membership / usage fees: |
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| If your project involves work on public lands or in public spaces, please submit written consent from the relevant Section of Galway County Council. |
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| **SECTION 2(A): COMMUNITY AMENITIES AND FACILITIES** | | |
| **Tidy Towns Committee/Groups ONLY:** Do you have a Multi-Year Plan? | **Yes**  No | |
| Please confirm that your proposed works are in line with the Tidy Towns Adjudication Report 2018 and any Multi-Annual Plan you have in place? (Please submit copies of both with your application.) | |  |

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| Please describe your proposed works on community amenities/facilities under the following categories: | |
| Streetscape & Public Places: |  |
| Green Spaces & Landscaping in Town/Village: |  |
| Nature & Biodiversity: |  |
| Sustainability / Energy Efficiency: |  |
| Tidiness & Litter Control: |  |
| Residential Streets / Housing Estates: |  |
| Approach Roads, Streets & Lanes: |  |

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| If you are applying for funding to purchase equipment, please confirm how it is directly related to your proposal as outlined above in the relevant category: |  |

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| **SECTION 2(B): SOCIAL INCLUSION MEASURES** | |
| Please confirm the main aims and achievements of your Group in bullet points. |  |
| How many people does your organisation support? |  |
| Do you charge membership fees?  If you answer ‘yes’, what do you charge? | Yes No  **€** |

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| Please describe your proposed social inclusion or anti-poverty activities under the following categories: | |
| Age Friendly Activities: |  |
| Events or Initiatives to promote inclusion of disadvantaged groups in community: |  |
| Initiatives to celebrate or promote diversity: |  |
| Events or Initiatives to address isolation and improve mental health: |  |
| Community Safety Initiatives: |  |

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| If you are applying for funding to purchase equipment, please confirm how it is directly related to your proposal as outlined above in the relevant category: |  |

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| **SECTION 3: FINANCIAL DETAILS** | | | |
| **Please breakdown expenditure and income for the project for which you are requesting funding - if you are applying for €500 or more in grant-aid, your estimated costs must be supported by a quotation.** | | | |
| **Expenditure Item(s):** | **Amount:** | **Source(s) of Income:** | **Amount:** |
|  | € |  | € |
|  | € |  | € |
|  | € |  | € |
|  | € |  | € |
|  | € |  | € |
|  | € |  | € |
|  | € |  | € |
| **Total Expenditure on proposed works/event:** | **€** | **Total Income for proposed works/event:** | **€** |
| **Amount of funding applied for under this Scheme:** | | **€** | |
| Amount of Funding on hand per most recent Bank/Credit Union Account Statement (please attach same): | | € | |

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| Has your Group / Organisation received any other Council, Agency or Departmental funding or grant-aid over the last year? If Yes, please give details: | Yes No |
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| Have you raised any funding through local fund-raising events or sponsorship over the last year? If Yes, please give details: | Yes No |
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| Is this proposal part of a phased development or large-scale plans? If Yes, please give details: | Yes No |
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| **SECTION 4: ACKNOWLEDGEMENT AND DECLARATION** |
| If successful, how will your Group/Organisation acknowledge the financial contribution from Galway County Council? |
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On behalf of our Group/Organisation, I confirm that:

1. I have read, understood, and accept the Terms & Conditions applicable to this funding.
2. I certify that all information provided in this application, and all information given in any supporting documentation, is truthful and accurate.
3. I agree to the processing and disclosure of information by Galway County Council and to other third parties if required for fund administration, reporting evaluation and audit purposes, and further consent to the disclosure of this information (name of applicant organisation, amount of grant award, details of project/event funded) by these parties relating to the marketing or promotion of this funding.
4. I confirm that we have adequate and comprehensive insurance cover for our activities, and agree to indemnify Galway County Council.
5. I understand that this is a competitive process and agree to accept the decision of the assessment of my application as final.

This Declaration must be signed by Chairperson, Secretary or Treasurer, on behalf of Applicant Organisation:

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| Name (in block capitals): |  |
| Signed: |  |
| Position in Applicant Organisation: |  |
| Date: |  |

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| **Application Form Checklist** |

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| **Compulsory Supporting Documentation:** | **Additional Supporting Documentation:** |
| Copy of Up-to-date Bank Statement | Tidy Towns Applicants:   * Biodiversity Action Plan * Pollinator Action Plan * Litter Management Plan * Any other Action/Management Plans * List of Committee Members demonstrating extent of membership   Other Community Groups / Social Inclusion Activities:   * Documentation showing wide use of community facilities and reasonable fees for use and/or reduced rates for disadvantaged groups |
| Copy of Public Liability Insurance Policy |
| Quotation(s) for services/works where funding  sought is more than €500 |
| Ownership/Title or written consents for works on land/buildings |
| Any statutory consents required for works |
| Tidy Towns Applicants only - most recent  Adjudication Report and Multi-Year Plan |
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| **Assessment Criteria for Community Development Categories** |

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| Need | Level of need for Group’s purpose/aims in local community  Level of need for proposed works (esp. re; Tidy Towns Adjudication Report)  Need for Equipment (required for clean-up or campaign)  Need for social inclusion measure proposed  Number and range of users of community facilities  Range of fees in place for community facilities, especially for disadvantaged groups. |
| Impact | Level of benefit to the wider community & ability to improve the attractiveness of the area as a place to live.  Impact on appearance and attractiveness of the local area.  Impact on the local environment  Impact on cost of maintaining facilities  Preservation and improvement of local area, e.g. biodiversity, scenic/natural beauty  No. of people supported by social inclusion measure  Level of benefit of project/works to disadvantaged groups and extent to which it will increase their participation in the community. |
| Capacity | Financial management, experience and capacity of organisers, previous drawdown performance, previous outputs and achievements. |
| Sustainability | Extent to which the proposal will improve environmental sustainability of the local area. Sustainability of works, i.e. ability of Group to manage & maintain into the future. |
| Collaboration and Inclusion | Extent of collaboration and membership of group/organisation. Level of inclusion of residents, other community groups and local authority in development of proposal. |

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| **Do thuilleadh eolais:**  **Scéimeanna Tacaíochta Pobail,**  **An Rannóg Forbartha Pobail, Tuaithe agus Eacnamaíochta,**  **Comhairle Chontae na Gaillimhe,**  **Áras an Chontae,**  **Cnoc na Radharc,**  **Gaillimh.**  **H91 H6KX** | Further information:  Community Support Schemes  Economic, Rural and Community Development Department,  Galway County Council,  County Hall,  Prospect Hill,  Galway.  H91 H6KX | T. (091) 509521  [communitysupportscheme @galwaycoco.ie](mailto:communitysupportscheme@galwaycoco.ie)  [www.gaillimh.ie](http://www.gaillimh.ie)  [www.galway.ie](http://www.galway.ie) |