 

**Community Recognition Fund 2024**

**Expression of Interest**

**The submission of an Expression of Interest will be assessed by Kildare County Council and we will be in contact if the application has been deemed successful for the next stage of application process to the Department of Rural and Community Development.**

**Closing Date: Friday, 3 May 2024 at 4:00pm**

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| **Contact Details Information** |
| **Name of Group/Organisation** |  |
| **Contact name for project** |  |
| **Address** |  |
| **Townlands***(i.e. Naas, Newbridge, etc)* |  |
| **Email** |  |
| **Telephone number** |  |

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| **Project Details** |
| **Project Title** *(e.g. Bally Tennis Club Resurfacing Works)* |  |
| **Project Description** |  |
| **Coordinates for location of project***(use ITM XY coordinates with* *format: 123456.123* |  |
| **Project Address***(must be the address of the actual project and* *include an Eircode where possible)* |  |
| **Project rationale**  |  |
| **Outline the capacity of the group to deliver the project as outlined***(Include details of the track record of project* *partners and experience of delivering similar* *projects)* |  |
| **Identified needs this project will aim to address** |  |
| **Total Costs (€)***(total gross costs of the project including* *any match funding)* |  |
| **Total Grant Sought (€)**(Min €50,000, Max €500,000 (per project)) |  |
| **Rate of Aid Sought***(up to a max. of 100%)* |  |
| **Estimated Commencement Date***(dd/mm/yyyy)* |  |
| **Estimated Completion Date***(dd/mm/yyyy)**(50% of the proposed project must be**completed by 10 October 2025 and final project* *to be completed by 9 October 2026)* |  |

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| **Details of the requirement for funding**Outline gaps in community facilities/infrastructure in your area |
| **Village/Town Name** | **Requirement for funding**Detail any gaps in community facilities/infrastructure |
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| **Project Details** |
| **Project Elements** | **Total Costs** | **Detail position re. the required consents/ permissions /ownership**  | **Estimated Completion Date** |
| Please list all elements of the proposed project. |  | Appropriate assessment, planning, land ownership etc. if not in place please specify and specify the est. timeline | *(50% of the proposed project* *must be completed by 10* *October 2025 and final project* *to be completed by 9* *October 2026)* |
| **1.**  | **€** |  |  |
| **2.**  |  |  |  |
| **3.**  |  |  |  |
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| **Outline of how the proposed project will deliver tangible benefits to the community:**  |  |
| **Has any element of this proposal previously been approved under any other Government Departments’ scheme:**If so, please outline |  |

**Use of Data**

The information on this form will be used by Kildare County Council for the purposes of processing the application. Further information may be sought by Kildare County Council to clarify aspects of the project proposal. The form may be shared with other Government Departments for assessment purposes.

The Applicant and the Department are subject to the data protection and privacy laws of Ireland and the EU, in particular the Data Protection Act 2018 and Regulation (EU) 2016/679, known as the EU General Data Protection Regulation (“GDPR”). Any personal information which you provide as part of the application process will be obtained and processed in compliance with Data Protection legislation.

Kildare County Council retains the right to disclose for the purposes of a request under the Freedom of Information Act 2014 or otherwise, in connection with the funded project(s) –

1. any information supplied by the Applicant to the Department, and
2. any relevant data gathered by the Department in administering grant aid to the project, except where the information is considered to be personal or commercially sensitive.

**Declaration by Lead Applicant**

This declaration must be signed by an authorised person i.e. chairperson, secretary.

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.

Proof of the above is not required at the time of application but must be available to Kildare County Council, the Department or its agents on request.

I acknowledge the information regarding the use of data set out above and give consent to Kildare 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.

**Local Community Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name in Block Capitals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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