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Community Heritage Scheme 2025

## Part A Contact Details

Name of individual/ Group/Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for all correspondence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact persons email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact persons phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address for group correspondence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Part B Project Details**

Please give full details of your proposed project:

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Who will be involved in the project? ……………………………………………………….

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Who is providing heritage advice on your project? (give details of qualifications if relevant)

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Who will benefit from the project?

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## ………………………………….....……………………………………………………………

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Commencement date of the project: ....……………………………………………………

End date of the project: .................................................................................................

### Each project must benefit an element of heritage as listed in the Heritage Act, 1995. Please indicate which element your project benefits.

Monument ( ) Archaeological Object ( )

Heritage Object ( ) Flora, Fauna, wildlife habitats ( )

Landscape ( ) Archaeological Heritage ( )

Inland waterways ( ) Geology ( )

Heritage gardens and parks ( )

**Part C Costs and Grant**

Please provide details of proposed costs associated with the project.

##### Item Cost

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Total Cost of project €................................

**How much are you requesting from this Grant Scheme? €...........................**(Note that the maximum grant available is €1,500)

Are you applying for funding from any other sources for this project? Yes ( ) No ( )

If yes, please give details of the source Amount

................................................... €......................

................................................... €......................

*(Note: double funding from Kildare County Council for the same project item is not allowed)*

###### Please note that receipts (which must be marked paid) are required on completion of the project.

## Part D Bank Account & Payment Details

Treasurer’s Name: .......................................................................................................

Contact No: ..................................................................................................................

Email……………………………………………………………………………………………

*(Remittance advice will be sent to this email address for any EFT payments by KCC*)

Account Name…………………………………………………………………………………

BIC………………………………………………………………………………………..........

IBAN……………………………………………………………………………………………

Account Number………………………………………………………………………………

Sort Code………………………………………………………………………………………

Bank Name…………………………………………………………………………………….

Bank Address: ………………………………………………………………………………..

**A bank header/statement must be included with application clearly showing the BIC/IBAN and account name.**

**Applications that do not include account details will not be considered.**

**Confirmation of account details countersigned by chairperson and secretary must be attached to this application form.**

**Part E Group Details**

**If you are a new group that has not received Community Heritage Grant funding before, please complete this section.**

When was the group formed?.........................................................

Aims of the group: ……………………………………………………………………………

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Details of group activities: .............................................................................................

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Additional information you wish to add.

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## Part F Ownership of land/building/object (If applicable)

Address: ........................................................................................................................

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Does your organisation rent the site? Yes ( ) No ( )

Does your organisation own the site? Yes ( ) No ( )

If No, give details of the owner of the site

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Has the owner of the land, building given consent for the project Yes ( ) No ( )

Submit details of consent with your application.

**Part G Consents (If Applicable)**

Is approval required from the following bodies? If yes, has approval been granted?

Local Authority Planning Permission Yes ( ) No ( )

National Parks and Wildlife Yes ( ) No ( )

Department of Environment Heritage and Local Government Yes ( ) No ( )

## Part H Heritage and Biodiversity Week 2025

###### It is a condition of this grant scheme that an online event/project be organised for Biodiversity Week 2025 (17th May to 25th May) or Heritage Week 2025 (16th Aug to 24th Aug). Give details below of proposed event..

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### Check list to be completed before submission of application form.

**Late applications will not be accepted**.

1. Application form - completed in full ( )

2. Signature on form. ( )

3. Signed Grant Agreement Form ( )

4. Copy of your group's bank/credit union statement ( )

5. Details of consent with your application. ( )

I have read the above and attached guidelines and I certify that the information supplied here is a true and fair representation of this organisation’s position.

Signed on behalf of the applicant organisation:

Name ........................................................................... (CAPITALS)

Signature .............................................................................

Position in Group: ............................................................... Date: ...............................

**Closing date:**

All applications must be made on the official application form and submitted to the Council by email to Heritage@kildarecoco.ie or by post to Heritage Officer, KCC, Áras Chill Dara, Naas, Co. Kildare by **Friday 14th March 2025 at 4.00pm.**

**GDPR**

Please see our Privacy Statement on our website on behalf of Kildare County Council http://kildare.ie/CountyCouncil/Heritage/Grants/

Grant Agreement Form

Please read all guidelines carefully before signing and returning a copy of this contractual agreement.

**Name of Group/Organisation: ...................................................................................**

We certify that information provided in this application is a true and fair representation of the group’s activities and the project for which funding is being sought. We have read the relevant guidelines and will comply with same.

We undertake to ensure that any grant awarded to us by Kildare County Council under this application will be used for the specific purpose for which it has been granted. Any monies unspent must be returned to Kildare County Council.

We will acknowledge the support of Kildare County Council in any publicity pertaining to the project and to submit proof of same with our final project report. We will endeavour to tag Kildare County Council on any social media posts relating to the project.

We agree that photos, submitted by us may be used by Kildare County Council on their website, social media or otherwise in promoting the Grant Scheme. The necessary permissions will be obtained and retained by us in accordance with Data Protection legislation.

We will provide an interim report indicating progress by Friday 26th July 2025 On completion of works, we undertake to submit receipts in relation to expenditure incurred on our project no later than Friday 7th November 2025 to Heritage Officer, Kildare County Council, Áras Chill Dara, Devoy Park, Naas, Co. Kildare. (Invoices will not be accepted.**)**

###### We understand that Kildare County Council shall not be liable in respect of any loss, damage or costs of any nature arising directly or indirectly from this application or the subject matter of the application. Kildare County Council, its employees or agents shall not at any time in any circumstances be held responsible or liable in relation to any matter whatsoever arising in connection with the development, planning, construction, operation, management and/or administration of individual projects.

**Signed for, and on behalf of, the organisation (Two signatories are essential – one of which must be the Treasurer of your group)**

A. **.................................................** Position **..................................................** Date

B. **.................................................** Position **..................................................** Date

A signed copy of this form must be included with your application form but is not a guarantee that a grant will be awarded by Kildare County Council.