



Tionscadal Éireann
Project Ireland
2040



An Roinn Forbartha
Tuaithe agus Pobail
Department of Rural and
Community Development

CLÁR FUNDING 2020

APPLICATION FORM FOR

MEASURE 3(A) MEALS ON WHEELS AND LINKED SERVICES

Name of Applicant/ Organisation/Group:	
Contact Person and Position held:	
Correspondence Address:	
Correspondence Email:	
Correspondence Telephone No.:	
Location / General area of the operation:	
Eircode or GPS Co-ordinates of the place of operation of the service:	
Summary of proposed existing vehicle(s) adaptation/equipment to be funded:	
Total cost of the existing vehicle(s) adaptation/equipment:	€
Amount of Match Funding being provided by applicant under this application: (Minimum 10% of total project cost)	€

<p>Match funding evidence attached:</p> <p>(E.G. Bank statement showing balance available or similar)</p>	
<p>Amount being sought under this CLÁR application:</p>	<p>€</p>
<p>Amount of Cash Contribution:</p>	<p>€</p>
<p>Philanthropic contribution</p> <p>(up to 10% of total cost) :</p>	<p>€</p>
<p>Was funding in respect of this project approved under CLÁR or any other scheme in the past 3 years (Y/N):</p> <p>If yes, please provide details.</p>	
<p>Has an application for funding for this project been submitted to any other scheme or programme in the past year (Y/N):</p> <p>If yes, please provide details.</p>	
<p>HSE or similar letter of support attached (Y/N):</p>	
<p>Detail regarding status and establishment of organisation/group attached (Y/N):</p>	

Provide a short description of your organisation and it's current activities which support the requirements in the Scheme Outline:

Provide a detailed outline (including indicative costings) of the vehicle adaptation and/or equipment proposed under this application:

Outline of need for vehicle(s) adaptation/equipment:

I declare that the information provided by me on this application form is truthful and complete.

Signed: _____

Date: _____

Position: _____