



Tionscatal Éireann
Project Ireland
2040



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

CLÁR FUNDING 2020

APPLICATION FORM FOR

MEASURE 3(B) MOBILITY AND CANCER CARE SUPPORT

Name of Applicant/Organisation/Group:	
Contact Person and Position Held:	
Correspondence Address:	
Correspondence Email:	
Correspondence Telephone:	
Location / general area of operation: Provide details of 80% of need attributable to CLÁR areas.	
Please provide the Eircode or GPS Co-ordinates of where the vehicle will be based:	
Summary description of proposed vehicle or vehicle adaptation to be funded:	

Total cost of vehicle/fitout:	€
Amount of Match Funding being provided by applicant under this application: (Minimum 10% of total project cost)	€
Match funding evidence attached (Y/N): (E.G. Bank statement showing balance available or similar)	
Amount being sought under this CLÁR application:	€
Amount of Cash Contribution:	€
Philanthropic contribution (up to 10% of total cost) :	€
Has an application for funding for this project been submitted to any other scheme or programme in the past year (Y/N): If yes, please provide details.	
Letter(s) of support attached (Y/N):	
Detail regarding status and establishment of organisation/group attached (Y/N):	
Does your organisation operate on an entirely voluntary basis (Y/N): Please provide details.	
Are your transport services provided free of charge (Y/N): Please provide details.	
Do you have volunteer drivers with the necessary licence to drive the vehicle being applied for (Y/N): Please provide details.	
Will your organisation be in a position to provide the necessary insurance, tax and ongoing maintenance of the vehicle (Y/N):	

Please provide details.	
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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(s) and/or adaptation(s) proposed under this application:

Outline the need for the Vehicle:

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

Signed: _____

Date: _____

Position: _____