***Project Application for Connected Hubs Call***

**Form 2: Multi-Hub Applications Only**

Application Reference Number (DRCD to Complete):

This form should be completed and returned by e-mail to [rdi@drcd.gov.ie](mailto:rdiu@drcd.gov.ie) by close of business on **17 June 2021.**

All queries should be addressed to: [rdi@drcd.gov.ie](mailto:rdiu@drcd.gov.ie)

Subject line should read: “Connected Hubs Query”

If required (see section 4) please include a short an abbreviated business plan and financial projections.

**Please note that all fields are mandatory**

**ADMINISTRATION:**

|  |  |
| --- | --- |
| **Name of all applicant organisations:** |  |
| **Public Body:** | Yes/No (delete as appropriate) |
| **Project townlands:** |  |
| **Postal address of projects:** |  |
| **Eircodes:** |  |
| **Amount of funding requested:** |  |
| **Nominated lead applicant contact name :** |  |
| **Contact email address:** |  |
| **Contact telephone number:** |  |

**PROJECT DETAILS:**

|  |  |
| --- | --- |
| **1. Please provide a brief description of project (Max 300 words)** | |
|  | |
| **2. Project Proposal (Max 1000 words)** | |
|  | |
| **3.Please delineate specific work to be carried out in each hub (Max 200 words per hub)** | |
|  | |
| **4. Who will implement the project?** | |
|  | |
| **5.** **Please provide a brief explanation as to how this project meets a specific need for the business or community to adapt to the specific challenges posed by COVID-19 (e.g. social distancing) AND/OR increase footfall/economic activity in the short-term (Max 400 words).**  ***Only complete this question if applying for measures to address Covid-19.*** | |
|  | |
| **6. How will the in-kind contribution be provided?** | |
|  | |
| **7. When will work on the project commence and how long will the proposed work take to complete?** | |
| * **Proposed commencement date:** |  |
| * **Project duration:** |  |
| * **Proposed completion date:** |  |

**FINANCIAL DETAILS:**

|  |  |
| --- | --- |
| **VAT No.:** |  |
| **Tax Registration Number:** |  |
| **Tax Clearance Access Number:** |  |
| **CRA Registration Number (if applicable):** |  |
| **Company Registration Number:** |  |

**PROJECT COSTINGS:**

Please provide a detailed breakdown of all elements of the proposed works:

|  |  |
| --- | --- |
| **(Itemise various elements)** | € |
|  | € |
|  | € |
|  | € |
|  | € |
| **TOTAL PROJECT COST:** | € |
| **Amount of grant aid sought\*** |  |
| **Match funding to be provided\*** |  |
| **Cash contribution to be supplied by:**  **(**Minimum of 5% of total cost) |  |
| **Amount of in-kind contribution: \*** |  |
| **Form of in-kind contribution:** |  |
| **How will the in-kind contribution be delivered** |  |

\* See Section 6: Grant Funding for further details regarding in-kind contribution levels from Public Owned and all other hubs.