

**CLÁR Funding 2021**

**Application form for**

**Measure 3(b) Mobility and Cancer Care Support**

|  |  |
| --- | --- |
| **Name of Applicant/Organisation/Group:** |  |
| **Contact Person and Position Held:** |  |
| **Address:** |  |
| **Email:** |  |
| **Telephone:** |  |
| **Location / general area of operation:** Provide details of80% of need attributable to CLÁR areas. |  |
| **District Electoral Division (DED) Name and ID:**  <https://assets.gov.ie/3118/201118151156-877e213445e54444a6cf1fdb9300cf45.pdf> |  |
| **Please provide the Eircode or XY (ITM format) Co-ordinates of where the vehicle will be based:**  Xy coordinates should be captured in Irish Tranverse Mercator (ITM) formats. Coordinates can be converted to ITM format here: <https://gnss.osi.ie/new-converter/>. This data will be used to geo-map all successful projects. |  |
| **Summary description of proposed vehicle or vehicle adaptation to be funded:** |  |
| **Indicative Priority** (relevant to Regional and National organisation only): |  |

|  |  |
| --- | --- |
| **Total cost of vehicle/fitout:** | € |

|  |  |
| --- | --- |
| **Funding amount sought:**  (Maximum 90% of total cost) | € |
| **Match Funding/Cash Contribution:**  (Minimum 10% of total cost) | € |
| **Source of Match Funding** e.g. fundraising,philanthropic body etc.: |  |

|  |  |
| --- | --- |
| **Amount of Match Funding being provided by applicant:** | € |
| **Evidence of Match funding attached (Y/N):**  (e.g. bank statement showing balance available or similar) |  |
| **Required quotations attached (Y/N)** (one required at application stage)**:** |  |
| **Details of quotations (Name of Supplier and Amount):** |  |
| **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. |  |

|  |
| --- |
| **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:** |
|  |

**Use of Data**

The information on this Application Form will be used by the Department of Rural and Community Development for the purposes of processing the application. Further information may be sought by the Department to clarify aspects of the project proposal

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”).

The Department 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) –

i. any information supplied by the Applicant to the Department,

ii. 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.

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

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

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