 

**CLÁR 2020 – MEASURE 1**

**When submitting application forms for CLÁR funding, please ensure that the following documentation is attached to the application. Applications will not be considered without complete documentation.**

**Schools Project:**

|  |  |
| --- | --- |
| School Roll Number: | Please insert: |
| Eircode or GPS Co-ordinates: | Please insert: |
| Costings for Project: | Please attach estimated costing for project |
| Evidence of Match Funding: | Bank Statement or letter confirming match funding is available |
| All Permissions are in place | Copy of Planning Permission, if applicable |
| Evidence of Ownership/Lease | Evidence of ownership or lease to be provided. |
| Evidence that the facility is open to the public without appointment for Measure 2 | Confirmation that the facility is open to the public without appointment for Measure 2. Letter of confirmation to be attached to application |

**Community Project:**

|  |  |
| --- | --- |
| Eircode or GPS Co-ordinates: | Please insert: |
| Costings for Project: | Please attach estimated costing for project |
| Evidence of Match Funding: | Bank Statement or letter confirming match funding is available |
| All Permissions are in place | Copy of Planning Permission, if applicable |
| Evidence of Ownership/Lease | Evidence of ownership or lease to be provided. |

**Closing date for receipt of fully completed Application Forms by email only to** [**khegarty@roscommoncoco.ie**](mailto:khegarty@roscommoncoco.ie) **is 5pm on Friday, 17th July 2020**

**Late submissions will not be considered.**



**CLÁR Funding 2020**

**Project Application for**

**Measure 1: Support for Schools/Community Safety Measures**

**Local School/Community Group Information**

|  |  |
| --- | --- |
| **School / Community Group Name:** |  |
| **Contact Person and**  **Position held:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No.:** |  |

**Project Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **School/Community Facility Name:** | |  | |
| **Location of proposed works, if different from above:**  **Eircode:** | |  | |
| **Are these works part of a larger project Y/N**  **If yes, please provide details:** |  | | |
| **Outline the nature and scope of the works:** | | | |
| **Outline of the need and rationale for the works:** | | | |
| **Was an application in respect of this facility approved under CLÁR in the past 3 years (Y/N)**  **If yes, please provide details.** | | |  |
| **Has an application for funding for this project been submitted to any other scheme or programme in the past (Y/N)**  **If yes, please provide details.** | | |  |

**Please indicate the intervention(s) being applied for:**

|  |  |  |
| --- | --- | --- |
| **Type of Intervention** | **Possible Funding to be allocated** | **Amount of Funding Sought** |
| Purchase and replacement of Flashing Amber Safety Lights**.** | Max €7,000 per set |  |
| Purchase of Child safety signs | Max €1000 per sign |  |
| Purchase of Digital Speed safety signs, indicating that cars are entering a particular zone. | Max €14,000 per set |  |
| Upgrade Road markings on approach roads to Schools/community facilities. | Max €1,000 |  |
| Erect pedestrian crossings in small towns and villages at schools/community facilities. | Max €22,000 |  |
| Construction and upgrading of access footpaths next to schools or community facilities. | Max €30,000 |  |
| Car Parking facilities to access schools or community facilities. | Max €30,000 |  |
| Provision of Bus Shelters | Max €25,000 |  |
| Provision of Public Lighting | Max €30,000 |  |
| COVID-19 safety related project (need and rationale must be demonstrated in the Project Information section). | Max €50,000 |  |
| Overall max per project if there are a number of elements above included in applications for a single location | Max €50,000 |  |

**Detailed Costings for Proposed Project:**

Please provide detailed breakdown of all elements of the proposed works including any administration/other fees/costs:

|  |  |
| --- | --- |
| Element 1, 2, etc. |  |
|  |  |
|  |  |
|  |  |
| **Total Cost** | € |
| **Funding amount sought:**  **(Maximum 90% of total cost up to €50,000)** | € |
| **Match Funding:**  **(Minimum 10% of total cost)** | € |
| **Amount of Cash Contribution:**  **(Minimum of 5% of total cost)**  **Supplied by(LA/LDC/Community/School/Philanthropic body):** | € |
| **Any other relevant information:** |  |

I confirm that the particulars of this application are correct and that

* The project is based in a CLÁR area
* Match funding is available and ringfenced for the project
* All necessary permissions are in place
* Evidence of ownership/lease is available (if applicable)
* The project conforms to the the LECP and/or other local or regional plans, and
* No funding has been allocated for the same project from any other sources.

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