

Ref: \_\_\_\_\_  
Area: \_\_\_\_\_

**WEXFORD COUNTY COUNCIL**



**2025 RESIDENTS ASSOCIATION GRANT  
SCHEME**

1. Name of Organisation: \_\_\_\_\_

**(If application is successful and awarded a Grant, the Grant Payment will be made out in the name of this Organisation ONLY)**

2. Contact Name (Block Capitals) \_\_\_\_\_

3. Contact Mobile Number: \_\_\_\_\_

4. E-Mail Address: \_\_\_\_\_

5. Address for Correspondence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please confirm application for funding relates to a project within a Private Housing Estate:  (please tick box)

7. Location of proposed project: \_\_\_\_\_

8. Brief outline of the purpose of the application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Project Commencement Date: \_\_\_\_\_ Project Completion Date \_\_\_\_\_

10. Please tick the Borough/Municipal District which your group/organisation is based in:

Enniscorthy  Gorey-Kilmuckridge  New Ross  Rosslare

Wexford

11. Estimated Cost of Project: € \_\_\_\_\_

**12. Please ensure that the attached Data Protection Consent Form is signed and enclosed with your Application Form.**

**13. Please ensure that the attached Bank Details Form is complete, signed and enclosed with your Application Form.**

SIGNED: \_\_\_\_\_  
On Behalf of the Applicant Organisation

DATE: \_\_\_\_\_

**Completed Application Form must be submitted to: -**

**Enniscorthy:**

**Enniscorthy Municipal District,**  
Market Square,  
Enniscorthy,  
Co. Wexford.  
Telephone: 053 9196840  
[emdreception@wexfordcoco.ie](mailto:emdreception@wexfordcoco.ie)

**Gorey-Kilmuckridge:**

**Gorey-Kilmuckridge Municipal District,**  
Civic Offices,  
The Avenue,  
Gorey,  
Co. Wexford.  
Telephone: 053-9483831  
[gorey@wexfordcoco.ie](mailto:gorey@wexfordcoco.ie)

**New Ross:**

**New Ross Municipal District,**  
The Tholsel,  
Quay Street,  
New Ross,  
Co. Wexford.  
Telephone: 051-421284  
[newross@wexfordcoco.ie](mailto:newross@wexfordcoco.ie)

**Rosslare:**

**Rosslare Municipal District,**  
Carricklawn,  
Wexford.  
Telephone: 053-9196913  
[rosslaremunicipaldistrict@wexfordcoco.ie](mailto:rosslaremunicipaldistrict@wexfordcoco.ie)

**Wexford:**

**Borough District of Wexford,**  
61, The Bullring  
Wexford.  
Telephone: 053-9166900  
[wexfordborough@wexfordcoco.ie](mailto:wexfordborough@wexfordcoco.ie)

**On or before the advertised Closing Date of 4:00pm Friday, 14<sup>th</sup> February 2025**

**CONSENT FORM**  
**Data Protection Acts 1988 to 2018 as amended.**

I, \_\_\_\_\_ consent to the collection and processing of the data provided by me to Wexford County Council, and to the sharing of this data with Wexford County Council's Housing, Environment, Arts or Community Sections or one of the other Wexford County Council Municipal Districts, if requested.

Wexford County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of processing and duration of the Amenity & Arts / Residents Association Grant Scheme Application and in accordance with the Council's Retention Policy.

I consent to my data being processed, shared and stored by Wexford County Council for the purposes outlined above.

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

Name: \_\_\_\_\_  
(in Block Capitals)

**Please ensure this Consent Form is signed and enclosed with your Grant Application.**

**BANK DETAILS FORM**

Community Group / Residents Association Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number \_\_\_\_\_

Email (for Remittance) \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Account Number \_\_\_\_\_ Sort Code \_\_\_\_\_

BIC Number \_\_\_\_\_

IBAN \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**Where you are providing Bank Account details for the first time or where a change has occurred in the Applicant Name & Address of the Group since the last Grant Application, please provide 2 X additional Committee Member Signatures below which confirms this change.**

\_\_\_\_\_  
**Committee Member 1 Signature**

\_\_\_\_\_  
**Committee Member 2 Signature**

# WEXFORD COUNTY COUNCIL

## 2025 RESIDENTS ASSOCIATION GRANT SCHEME

### EXPLANATORY MEMORANDUM

#### **1. General Purpose of the Scheme:**

Wexford County Council may pay Grants to Residents Associations to help them finance the carrying out of works of public amenity value which will improve and enhance the overall presentation of residential areas throughout County Wexford.

#### **2. Type of Project that will qualify:**

Any project may be considered within a **Private Housing Estate ONLY** which is designed to improve community facilities or the enhancement of the appearance of the area concerned. Works that will qualify include, but are not limited to:

1. Planting of trees, shrubs, landscaping
2. Community Development Initiatives
3. Promoting Social Inclusion
4. Promoting Local Heritage

**The maximum grant payable under the Residents Association Grant Scheme is €600.**

#### **3. Submission of applications to Local Authority:**

Applications for grant assistance should be made online at [www.wexfordcoco.ie/community-and-sports](http://www.wexfordcoco.ie/community-and-sports). Application Forms and Full Particulars are also available from your local Municipal / Borough Office. Details of Office addresses, etc., are included in the Grant Application Form.

#### **4. Payment of Grants:**

If your application is successful for funding, you will be asked to submit Receipts for the works carried out to the value of the Grant. Receipts will only be accepted if they are made out in the name of the Applicant Group and not individuals. Please note, Receipts or paid Invoices should ONLY be submitted. Bills or Invoices not clearly paid are not acceptable.

**If your application is successful and awarded a Grant, please note the Grant Payment will ONLY be made out in the name of this Organisation you have specified on your Application Form. Please ensure that this name is the same name as on the Organisation's Bank Account.**

The work will be subject to general oversight and inspection by the County Council.

#### **5. Tax, Legal Affairs & Planning Permissions:**

All applications must comply with current requirements in relation to planning issues, finance and taxation, health & safety, environment, insurance, and employment legislation. Contractors engaged to undertake work must have a current C2 or Tax Clearance Certificate.

Applicant bodies are reminded that where planning permission is required for any project proposed to be carried out under the scheme, such permission must be obtained before the work can legally be commenced. The Local Authority will advise on the procedure to be followed.

Section 891b of the Taxes Consolidation Act requires specified persons (which includes local authorities) to automatically report electronically, on an annual basis, the details of payees to whom relevant payments are made. Therefore, applicants who will be in receipt of a grant may be asked for a tax reference number - The Tax reference number effectively is any reference recognised by the Revenue Commissioners as a valid tax reference number e.g., VAT No., PPS No Sub-contractors Tax reference number etc. The format of a tax reference number is 1234567T (8digits – 7 numeric followed by a single alpha).

#### **6. Other:**

An allocation of grant funding under this Scheme, in any one year, does not automatically qualify an applicant for funding in any subsequent year, i.e., a new application needs to be submitted each year.

**Failure to submit receipts will result in disqualification for future funding under this Scheme.**

**Please return your completed Application Form  
on or before 4:00pm on Friday, 14<sup>th</sup> February 2025**