



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

Ár dTodhchaí  
Tuaithe  
Our Rural  
Future



## Community Recognition Fund 2024

### Expression of Interest

*\*Required fields*

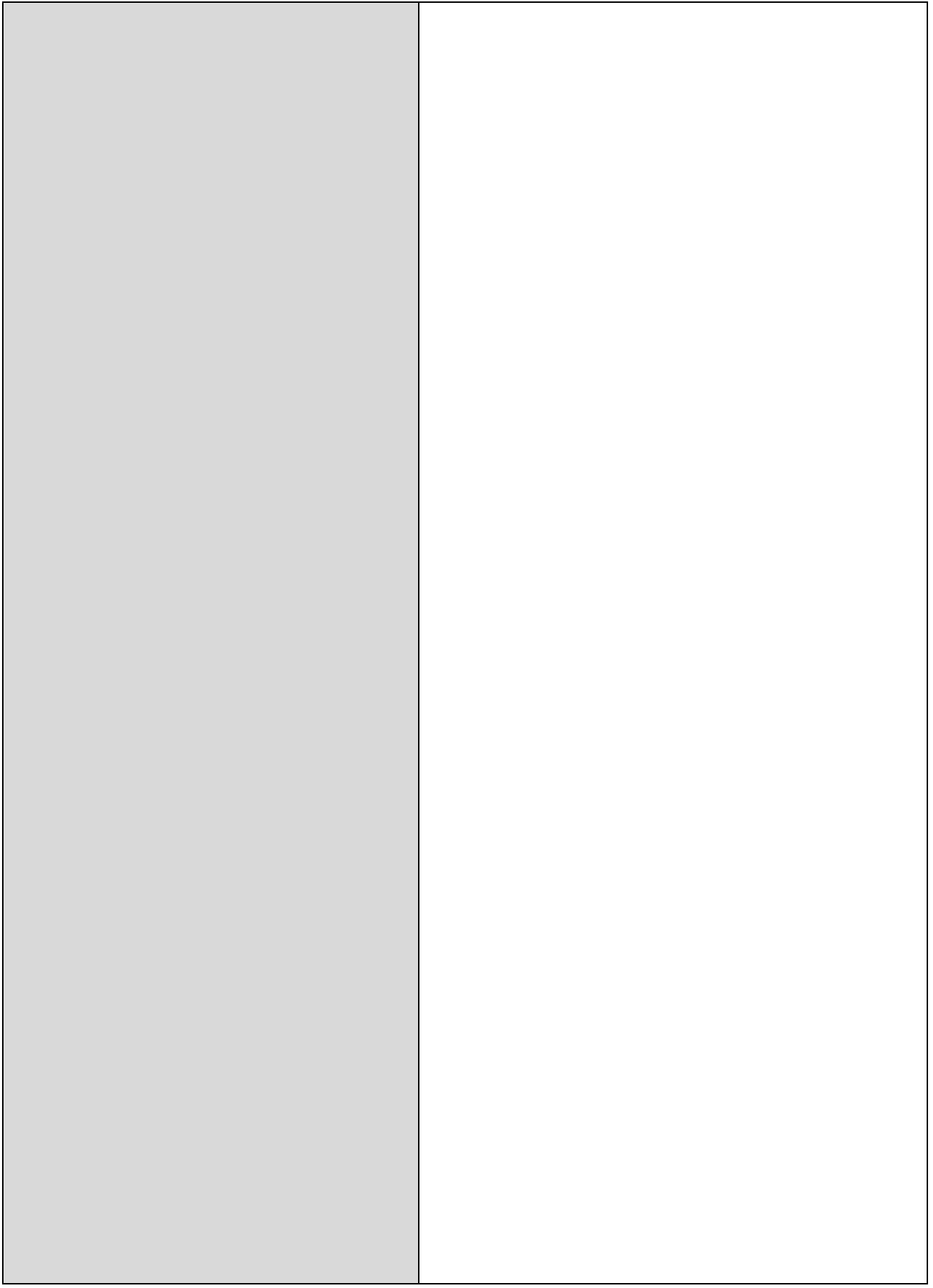
#### PART 1: Community Organisation Details

1. Name of Group/Organisation*	
2. Address *	
3. Contact Name (First Name) *	
Contact Surname *	
4. Email *	
5. Phone Number *	
6. Group Website (if any)	
7. Group Social Media Accounts (if any)	
8. Your Role/Title in group *	
9. Year Group/Organisation Established *	
10. Purpose of Group/Organisation *	
11. Type of Group/Organisation * (please circle)	CLG / Voluntary Community Group / Limited Co. / Charity / Other
12. Charitable Status Number (if applicable)	

*\*Required fields*

## **PART 2: Project Background and General Information**

<b>1. What is your rationale for Eligibility of your area for the Community Recognition Fund (per Departmental criteria).*</b>	
<b>2. Please give a brief description of the impact of Beneficiaries of Temporary Protections Orders (BOPTs), Ukrainian nationals and International Protections Applicants (IPAs) in the area. *</b>	
<b>3. Please give a brief description of how your community has welcomed and integrated new arrivals to your area. *</b>	
<b>4. Please outline the identified need within your community, that you feel could be addressed by this funding. *</b>	
<b>5. Please provide details of any community consultation/mandate that identified this need for funding. *</b>	
<b>6. Please provide an overview of the project you are proposing *</b>	



<b>7. Please input exact location (X-Y coordinates) of where the proposed project will be based. This information is required in ITM format, found at <a href="#">Irish Grid Reference Finder</a></b>	<b>X ITM *</b> <input type="text"/>	<b>Y ITM *</b> <input type="text"/>
<b>8. Who in your community will benefit from this project? *</b>		
<b>9. Please identify the Municipal District/Borough Council in which the proposed project is situated * (please circle)</b>	Enniscorthy / Gorey-Kilmuckridge / New Ross  Rosslare / Wexford Town	
<b>10. Does this project form part of a community plan, tidy towns plan or other plan for a village/town/locality? Please give details if applicable *</b>		
<b>11. Are all relevant permissions in place (e.g. planning permission/lease agreement/written consent from landowner etc.) *</b>		
<b>12. Is this part of a phased development and/or funded by other schemes operated by Government Departments or the Local Authority?</b>		
<b>13. Please provide an estimated completion date for the project works.</b>		

*\*Required fields*

### **PART 3: Funding**

<b>13. Please provide an indicative cost estimate for the project (in Euros, inclusive of VAT, taxes and any relevant charges) *</b>	€ <input type="text"/>
<b>14. Please confirm that Capital Costs make up the entirety of the indicative costs – no operational or running costs are eligible *</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>15. Does you group already have funds in place to support this project or part support this project *</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Please state where you will source any shortfall of funding, if applicable *</b>	
<b>16. Have any public monies previously been allocated to this project?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>17. Please use this section to detail any further relevant information you wish to present with this application. Print and attach any relevant documents.</b>	

## **Use of Data**

The information on this 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 form may be shared with other Government Departments for assessment purposes. The Department may draw on broader, more specialist expertise where required, and such information as considered necessary to complete an assessment of your proposal may be shared with those experts.

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”). Any personal information which you provide as part of the application process will be obtained and processed in compliance with Data Protection legislation.

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, and
- 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.

## **Declaration by Lead Applicant**

This declaration must be signed by an officer authorised at a senior level within the lead applicant organisation i.e. at least Director of Services level in a Local Authority, Director in a State Body.

I confirm that I have read and understood this document and declare that the particulars supplied in this funding proposal are true and correct and that –

- The costings are accurate and reasonable.
- All necessary permissions are in place e.g. planning consent; lease-hold; land-owner etc.
- All relevant ecological survey work (if applicable) has been undertaken or will be undertaken e.g. Appropriate Assessment screen.
- There is evidence of ownership (if applicable) or the consent of the landowner.
- The project will comply with Public Procurement Guidelines.
- The project conforms to the LECF and other local or regional plans.
- No funding has been allocated for the same works from any other sources.
- I confirm that I have read the Terms and Conditions of the Community Recognition Fund prior to completing this form.
- I confirm that this grant application is submitted in acceptance of and compliance with

the Terms and Conditions.

- I confirm that the applicant group/organisation is tax compliant (if tax registered).
- I confirm that I am authorised to apply for this funding on behalf of the above named group/organisation and that this has been minuted at group meetings.
- I understand that the information in this application may be shared with Wexford County Council staff, independent evaluators, elected members and the Department of Community and Rural Development, for the purpose of project evaluation. In submitting this application, the Applicant agrees to the sharing of this information.

Proof of the above is not required at the time of application but must be available to Wexford County Council/ the Department or its agents on request.

I acknowledge the information regarding the use of data set out above and give consent to the Department of Rural and Community Development for the sharing of all information, personal or otherwise, contained in this funding proposal and any attachments accompanying it, in accordance with the uses of the data and information provided above.

**Community Group:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name in Block Capitals:** \_\_\_\_\_

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

**Date:** \_\_\_/\_\_\_/\_\_\_

**Witnessed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name in Block Capitals:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

ENDS



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Department of Rural and  
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Coiste um Fhorbairt Pobail Áitiúil  
Loch Garman  
Wexford Local Community Development  
Committee