

Community Water Development Fund Grant Application Form 2019

To be submitted no later than Tuesday, 12th February 2019 at 7.00pm This form should be completed in conjunction with the Guidelines for Applicants. Available on www.lawaters.ie.

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. Contact information:

Name of Applicant/Community	
Organisation/Group	
Details of Group Activities	
(Please attach a recent bank statement and	
Copy of Group Constitution <u>or</u> Minutes of	
your last meeting)	
Contact Person for Correspondence	
(this is only person who will be contacted)	
Role in Organisation/Group	
Address (please include Eircode)	
Phone Number	
- "	
E-mail	

2. Please indicate the category of funding being applied for: (Please insert the letter "Y" beside what applies) (Y)

Small Scale Projects	Up to €5,000	
Medium Scale Projects	€5,000 to €10,000	
Large Scale Projects	> €10,000 to a max of €25,000	

(Refer to 6.1 of Guidelines)





Υ

3. What type of project is proposed? (Please put the letter "Y" beside what applies)

Habitat enhancement	Public amenity (including fencing and benches)
Instream works	Biodiversity signage
Tree planting/landscaping	Feasibility study
Invasive species	Ecological survey
River/waterbody clean up	Ecological monitoring
Awareness / Education	Project planning
Event	Engineering consultant
Note: projects with a water quality	focus will receive a higher ranking
Other, please specify:	
Other, please specify.	
•	ectives of your project. Please focus on the impact s to the community. (include maps and pre-project 250 words:

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8.

9.



6. Please outline the actions proposed in bullet points. Attach a Method Statement outlining a step by step guide of how the work will be done if appropriate. (eg. for instream works, invasive species projects, riparian works, etc.)
Max 200 words:
7. Please specify exact location of project via grid reference.
Go to https://irish.gridreferencefinder.com/ . Zoom in on your project area in aerial
view mode. You will see a map of the area. Right click on the mouse and the co-
ordinates will appear. Insert co-ordinates here.
Gramates win appear. Insert to Gramates here.
Note: Projects located in Areas for Action or Blue Dot areas will receive a higher rating during
assessment. See page 5 of the Guidelines. Please ask your Community Water Officer if you
are unsure, see page 10 of Guidelines for contact details.
Estimated project duration and start date:
Estimated project duration and start dute.
Note: Projects must be complete in full by 31st October 2019
(a) Have you proviously sought funding for this project? Yes No
(a) Have you previously sought funding for this project?
(b) If 'Yes' please indicate funding source applied to:
Yes No
(c) Was funding application successful:
(d) If successful please indicate amount received/to be received:
(a) it successful please maleute amount received, to be received.
(e) If unsuccessful, please indicate (if known) reasons given:

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10.	(a) Are any permissions needed for project delivery? e.g. plannin	g permis	ssion,	
	exemptions from planning permission, landholder consent,			_
		Yes	No	
	Inland Fisheries Ireland; National Parks and Wildlife Services			
	(protected areas) etc.			
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(b) If yes, please attach details of liaison with the above and any relevant documents. (refer to 6.5 of Guidelines)

(c) If permissions are required please complete the below:

Type of permission	
Date applied	
Current status	
Reference number (if applicable)	

11. Is your group registered with the Public Participation Network in your county (PPN)?

Yes	No

Note: It is recommended that all applicants are registered with their PPN. http://drcd.gov.ie/list-of-ppn-website/ to register.

12. Do you plan to host an event during Water Heritage Day (25th August 2019) or during Heritage Week (19th to 25th August 2019). See www.heritageweek.ie for ideas?

This is **NOT** a grant application requirement but is encouraged.

13. Project Costings:

Attach three (3) quotations per cost item (incl VAT) where possible Public sector requirements apply for procurement. www.procurement.ie.

Cost Item Description	Cost (incl VAT where appropriate)
	€
	€
	€
	€
TOTAL Project Cost (EURO)	€

Note: No projects will be 100% funded. (Refer to 6.1 of Guidelines).





14. ((a)	Outline your	ability to	finance th	ne project w	ith matc	h t	funding:
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Source of matching funds		
Voluntary labour *	€	
Cash contribution	€	
Bank or credit union loan	€	
Other public grants	€	
Other source (please specify)	€	
Total amount of matching funds	€	
*Voluntary labour may be included as match	funding. However, no more than h	nalf
*Voluntary labour may be included as match match funding should be voluntary labour. (b) Summary Table:	funding. However, no more than h	nalf
match funding should be voluntary labour. (b) Summary Table:	funding. However, no more than h	nalf
match funding should be voluntary labour. (b) Summary Table:		nalf
match funding should be voluntary labour. (b) Summary Table: Total Project Cost (No. 12 above)	€	nalf
match funding should be voluntary labour. (b) Summary Table: Total Project Cost (No. 12 above) Subtract Matching Funds (above)	€ €	
match funding should be voluntary labour. (b) Summary Table: Total Project Cost (No. 12 above) Subtract Matching Funds (above) Max Grant Amount Sought 15. For projects requiring insurance please provides	€ €	

I agree that I have read and understood the Community Water Development Fund Guidelines and Criteria for 2019 and I declare that all the information given in this form is true and complete to the best of my knowledge. I understand that my personal data used in this form is necessary for processing this grant application.
Signature:
Date:





Note: This application form musts be completed in conjunction with the Community Water Development Fund Guidance Notes 2019. Please return to info@lawaters.ie or see header for postal address.

Application Checklist

Your application cannot be processed without the following (please tick):

	(√)
Copy of groups recent bank statement	
Copy of groups Constitution or Minutes of most recent meeting	
Evidence of match funding	
Have you contacted your Community Water Officer?	

Project specific information: Please enclose the following items as appropriate *(please tick)*:

(√)

	(1)
Copy of three (3) quotations in respect of each cost item where possible (inclusive of	
VAT)	
Voluntary Labour Schedule	
Drawings/Plans/Specifications/Photographs	
Planning Permission & Conditions	
Notice of Exemption from Planning	
Other Statutory Permissions (eg. NPWS, IFI)	
Appropriate No. (3 is best practice) of Quotations/Tenders based on Project Costs	
Applicant's Current Insurance Policy (where necessary)	
Copy of contractors insurance (if being contracted out)	
VAT Exemption Letter from Revenue in respect of applicant (for projects > €10,000)	
VAT Exemption Letter from Revenue in respect of contractor (for projects > €10,000)	
Tax Clearance Certificate from Revenue from Applicant	
(for projects > €10,000)	
Tax Clearance Certificate from Revenue from Contractor	

Dated: _____





(for projects > €10,	000)			
Letter(s) of Suppor	t (optional)			
				<u> </u>
APPENDIX 1:	PROPOSED VO	DLUNTARY LA	BOUR SCHED	ULE
This form should o	only be completed i your project	f you are claiming	voluntary labour as	s part of the
Name of Applicar	nt/Community Orga	nisation/Group:		
rtaine or Applicar	icy community orga			
Name of person contributing the labour	Nature of contribution	Estimated number of voluntary hours to be contributed	Value of voluntary labour (number of hours' x by rate per hour*	Justification for rate "charged" per hour for task
*N/avimum #ata	nor hour is £14	•	•	•
*Maximum rate	per nour is €14			
Signed:				