 

**CLÁR Funding 2019**

**Expression of Interest Form**

**Measure 2: Support for Play Areas (including MUGA’s)**

Please note: It is important that this Form is completed fully and accurately and that any additional/supplementary information required is also supplied at the time of submission.

**Project Information**

|  |  |  |
| --- | --- | --- |
| Project Name: |  | |
| School/Community Name: |  | |
| School/Community Contact Person: |  | |
| School Roll Number if applicable: |  | |
| School/Community Address: |  | |
| School/Community Contact Telephone Number: |  | |
| School/Community Contact Email Address: |  | |
| Location/details of proposed works  DED Name: |  | |
| DED ID Number: |  | |
| Detailed Description of works proposed : | | |
| Rational/need for the works: | | |
| Are these works part of a larger project? (Y/N)  If yes, please provide details | |  |
| Was an application in respect of this facility approved under CLÁR or any other scheme in the past 3 years? (Y/N)  If yes, please provide details. | |  |
| Has an application for funding for this project been submitted to CLÁR or any other scheme or programme in the past 3 years? (Y/N)  If yes, please provide details. | |  |
| Are all necessary permissions in place? (Y/N/NA) | |  |
| Where necessary permisisons are in place, is documentary evidence attached? (Y/N) | |  |
| Where necessary permissions are not in place, please provide any relevant information. | |  |
| Has evidence of ownership/lease been provided? (Y/N/NA) | |  |
| The facility will be open to the public (Y/N) | |  |
| Total cost of project: | | € |
| % Match Funding being provided (minimum 10% of total project cost): | | € |
| Has evidence of the availability of Match Funding been provided? (Y/N) | |  |
| Administration/Professional fees element of funding if applicable (not more than 10% of overall project cost) | | € |
| Amount being sought under this CLÁR application | | € |
| Is a full breakdown of the estimated cost attached? (Y/N) | |  |
| If you wish to provide any additional information to support the application : Please complete the section below or attach separately. | | |
|  | | |

Return form by post to CLÁR Scheme Measure 2 2019, Sport & Leisure Section, Laois County Council, Áras an Chontae, Portlaoise Co. Laois, or by email to [sports@laoiscoco.ie](mailto:sports@laoiscoco.ie) by **12.00 noon on Wednesday, 13th April, 2019.**