

**CLÁR Funding 2020**

**Application Form for**

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

**Completed application forms, along with any necessary supporting documentation, must be returned to:**

**Community Department, Kerry County Council, County Buildings, Rathass, Tralee, Co. Kerry or email to** **community@kerrycoco.ie**

**The closing date for receipt of applications is 5 p.m. on Friday 17th July, 2020**

(The deadline is set to allow all applications to be assessed in advance of the Local Authority submitting final applications to the Department of Rural and Community Development by 28th August, 2020).

Please be advised that the format of the application form should not be altered. If you require more space than provided for replies, additional text should be provided on a separate sheet.

**\*required field**

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| --- | --- |
| **Name of Applicant/ Organisation/Group: \*** |  |
| **Contact Person:\*** |  |
| **Correspondence Address:\*** |  |
| **Correspondence Email:\*** |  |
| **Correspondence Telephone No.:\*** |  |
| **GPS co-ordinates or EirCode of project location: \*** |  |
| **CLÁR DED:\*** |  |
| **CLÁR DED No.:\*** |  |
| **Outline the nature and scope of the works:\*** Additional text can be provided on a separate sheet |
|  |
| **Are these works part of a greater project? (Y/N):****If yes, please provide details:** |  |
| **Outline of need and rationale for the works:\***Additional text can be provided on a separate sheet |
|  |
| **Total cost of project:\*** | € |
| **Amount being sought under this CLÁR application:\*** | € |
| **Amount of Match Funding being provided by applicant under this application: \*** | € |
| **% Match funding being provided:** |  |
| **Match funding evidence attached:\*** (e.g. Bank statement showing balance available or similar) |  |
| **Administration/Professional fees element of funding if applicable:**(not more than 10% of the overall project costs): | € |
| **Was funding in respect of this project 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 any other scheme or programme in the past (Y/N):**If yes, please provide details. |  |
| **Are all necessary permissions in place?\* (Y/N):** |  |
| **Evidence of permissions attached or evidence of lease/ownership attached:\*** |  |

**Please indicate the interventions(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 €1,000 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** |  |

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| **Please provide a short description/history of your organisation and it’s current activities below:** |
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| **Please provide a detailed outline (including indicative costings) of the interventions proposed under this application below:** |
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Please ensure the following is submitted with your application:

* Evidence that Match Funding is in place
* Evidence that all necessary permissions are in place
* Evidence were applicable that ownership/lease is in place
* Full estimated costs
* Confirmation that no funding has been allocated for the same project from any other sources.

**I declare that the information provided by me on this application form is truthful and complete.**

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

**Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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