

**CLÁR Funding 2020**

**Application Form for**

**Measure 3(a) Meals on Wheels and Linked Services**

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| **Name of Applicant/ Organisation/Group:** |  |
| **Contact Person and Position held:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone No.:** |  |
| **Location / General area of the operation:** |  |
| **Eircode or GPS Co-ordinates of the place of operation of the service:** |  |
| **Summary of proposed existing vehicle(s) adaptation/equipment to be funded:** |  |
| **Total cost of the existing vehicle(s) adaptation/equipment:** | € |
| **Amount of Match Funding being provided by applicant under this application:** (Minimum 10% of total project cost) | € |
| **Match funding evidence attached:**  (E.G. Bank statement showing balance available or similar) |  |
| **Amount being sought under this CLÁR application:** | € |
| **Amount of Cash Contribution~~:~~** | € |
| **Philanthropic contribution**  **(up to 10% of total cost) :** | € |
| **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 year (Y/N):**  **If yes, please provide details.** |  |
| **HSE or similar letter of support attached (Y/N):** |  |
| **Detail regarding status and establishment of organisation/group attached (Y/N):** |  |

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| **Provide a short description of your organisation and it’s current activities which support the requirements in the Scheme Outline:** |
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| **Provide a detailed outline (including indicative costings) of the vehicle adaptation and/or equipment proposed under this application:** |
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| **Outline of need for vehicle(s) adaptation/equipment:** |

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

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

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