

**CLÁR Funding 2020**

**Application form for**

**Measure 3(b) Mobility and Cancer Care Support**

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| **Name of Applicant/Organisation/Group:**  |  |
| **Contact Person and Position Held:** |  |
| **Correspondence Address:** |  |
| **Correspondence Email:** |  |
| **Correspondence Telephone:** |  |
| **Location / general area of operation:** Provide details of80% of need attributable to CLÁR areas. |  |
| **Please provide the Eircode or GPS Co-ordinates of where the vehicle will be based:** |  |
| **Summary description of proposed vehicle or vehicle adaptation to be funded:** |  |

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| **Total cost of vehicle/fitout:** | € |
| **Amount of Match Funding being provided by applicant under this application:** (Minimum 10% of total project cost) | € |
| **Match funding evidence attached (Y/N):**(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) :**  | € |
| **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.** |  |
| **Letter(s) of support attached (Y/N):** |  |
| **Detail regarding status and establishment of organisation/group attached (Y/N):** |  |
| **Does your organisation operate on an entirely voluntary basis (Y/N):****Please provide details.** |  |
| **Are your transport services provided free of charge (Y/N):****Please provide details.**  |  |
| **Do you have volunteer drivers with the necessary licence to drive the vehicle being applied for (Y/N):****Please provide details.** |  |
| **Will your organisation be in a position to provide the necessary insurance, tax and ongoing maintenance of the vehicle (Y/N):****Please provide details.** |  |

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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(s) and/or adaptation(s) proposed under this application:** |
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|  **Outline the need for the Vehicle:** |

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

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

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