

List of Questions to aid completion of Application

COMMUNITY ACTIVITIES FUND
Funded by the Department of Rural and Community Development

NOTE: Closing Date Friday, 4th February, 2022 at 4pm



An Roinn Forbartha
Tuaithe agus Pobail
Department of Rural and
Community Development



ALL APPLICATIONS ARE TO BE MADE ONLINE TO:

www.galwaycity.ie/caf

By 4pm on Friday 4th February 2022.
CLOSING DATE WILL BE STRICTLY ADHERED TO.

SECTION 1 – YOUR ORGANISATION

Name of Group/Organisation

Address

Eircode

Contact name

Role in Group/Organisation

Contact number

E-mail

Website

Alternative Contact name

Alternative Contact number

Alternative E-mail

Please provide a brief organisational description of your group/organisation e.g. committee structure, meeting schedule etc.

Has your Organisation / Group registered with the relevant local Public Participation Network (PPN)? Possible Answers YES/NO

If NO, then perhaps you would consider joining the PPN.

Year group/organisation established

What is the purpose of group/organisation

Successful applications for funding under this programme will only be paid into organisations Bank Account. Please ensure you have your Bank Account details to hand if you application is successful.

Have you received funding under any grants schemes from 2018 to current date- i.e. grants from Government Departments, Galway City Council or LEADER? Possible Answers YES/NO

If YES please give details below

Name of scheme

Funding organisation

Amount received

Date received

If any of the above funding was paid through Galway City Council, have you submitted your Bank Account Details previously? Possible Answers YES/NO

Do you receive funding from any other organisation?

Possible Answers YES/NO

If YES please give details below:

Funding organisation

Amount received

Date received

Is your organisation affiliated or connected to any relevant local regional or national body?
Possible Answers YES/NO

If YES please give details below:

Name of organisation(s):

How does your organisation link in with other organisations in your area?

Charitable Status Number (if applicable)

Tax Reference Number (if applicable)

Tax Clearance Access Number (if applicable)

SECTION 2 – Project Details

How much funding are you applying for?

Small scale grant of €1,000 or less

Grant in excess of €1,000

PURPOSE OF GRANT

What will the funding be used for?

Note: This list is not exhaustive, but gives examples of types of expenditure.

IT Equipment

Safety Equipment

Machinery

Renovation of building premises

Maintenance of building/premises

General equipment

Construction Works

Training equipment

Sports equipment

Energy efficient upgrade

Development of community facility

Non-pay Operating /running cost (Give details)

Other (Give details)

How does your project address social inclusion?

What is the purpose of the grant? (Outline details of the work).

Please input exact location (X-Y co-ordinates) of where the proposed project will based.

X ITM

Y ITM

This information is required in **ITM format**. The simple guide we have provided with this form will show you how to find these on <https://irish.gridreferencefinder.com/>.

When will your project begin?

When will your project be completed?

Are all relevant permissions in place (e.g. planning, written consent from landowner/property owner/Galway City Council etc if your project involves the development of a property)?

Possible Answers Not applicable/YES/NO

Is this part of a phased development and/or linked with (or funded by) other schemes operated by Government Departments or the Local Authority? Possible Answers YES/NO

If YES please provide the details

FUNDING

Please select the option that applies to the funding being sought:

Equipment or the upgrade of facilities etc.

Operating/running costs (i.e. not for equipment or the upgrade of facilities).

For both

Amount being applied for under the CAF for equipment or the upgrade of facilities:

Is this amount a partial or total project cost? Possible Answers Partial/Total

If partial, give the estimated total project cost:

Supporting Documentation

Please include supporting documentation outlined for your project. Galway City Council may also request specific documentation to support the application eg Bank statement to confirm available funds.

If your total project cost is up to €3,000 then please include one written estimate/quotation.

For project costs from €3,000 up to €25,000 please seek a minimum of three written estimates/quotations from independent suppliers and include with your application.

For all other cases please contact Galway City Council, email Elaine Clifford

at candc@galwaycity.ie for information on the required supporting documentation.

To be eligible for funding under this programme you must state where you will source any shortfall of funding. Please provide these details below.

Source

Amount

Amount being applied for under the CAF towards Operating/running costs:

If your application is related to operating/running costs (i.e. not for equipment or the upgrade of facilities), please provide supporting documentation. This could include for e.g. utility bills etc.

If you are unclear about what to provide, please email Elaine Clifford candc@galwaycity.ie for information on the required supporting documentation.

Operating/running costs only related to this period are eligible - 1st July 2021 to 30th June 2022

Galway City Council may also at a later stage request specific documentation to support the application e.g. Bank statement to confirm available funds, bills, receipts of payment etc.

Please state how your group proposes to publicly acknowledge the Department, LA or LCDC

Galway City LCDC will check to ensure that this application works towards addressing priorities within its Local Economic and Community Plan (LECP) which you can access on

<https://www.galwaycity.ie/local-economic-and-community-plan/lecp>

If your application is for an amount greater than €1,000, please complete the below table to state which key priority area(s) in the LECP this grant application relates to and the estimated number of people to benefit.

If your application is for a small scale grant of €1,000 or less, then you may wish to complete the below table, but you are not required to do so.

Key priority area of LECP

No. of beneficiaries

SECTION 3 - DECLARATION

I declare that the information given on this form is accurate and correct.

I confirm I have read and fully understand the Terms and Conditions of the Community Activities Fund.

I confirm that I have read the Application Guidelines for the Community Activities Fund prior to completing this form.

I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.

I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford.

I confirm that the applicant group/organisation is tax compliant (if tax registered)

Name (on behalf of group/ organisation):

Signature:

Position held in group / organisation:

Date: