 

**APPLICATION FORM A**

**TO BE COMPLETED BY APPLICANT**

**Peatlands Community Engagement Scheme**

**Pilot 2018**

**PLEASE NOTE THE FOLLOWING BEFORE COMPLETING THIS FORM**

* **Form A** must be fully completed – incomplete applications will not be accepted
* Please **type** in the relevant information, if possible
* If handwritten, please use **BLOCK CAPITALS** or ensure script is legible
* All date entries should be entered in the format **DD/MM/YYYY**
* A **Method Statement** must be submitted by applicants with Form A where it is proposed for works to be undertaken. Further details are set out above as to what should be included in the Method Statement.
* Where Ministerial consent has been applied for but no decision has been made at the time of application to the scheme, state this in **Section 3 including the case reference number issued.**
* Details of how the cost of the works, other than the amount of funding sought, is to be met must be stated in **Section 5**. The applicant must indicate the matching amount total and the source of matching funds.
* Applicants must submit by **4pm on 16 July 2018**, 1 copy of the completed and signed application form along with a Method Statement for works where relevant and any other supplementary materials, where relevant, preferably by post to:

Peatlands Management Unit,

Department of Culture, Heritage and the Gaeltacht,

Newtown Road,

Wexford.

Y35 AP90

* Electronic applications will be accepted by the deadline of **4pm** on **16 July 2018** to **peatlandsmanagement@chg.gov.ie** but hard copies of the application must be submitted within one week of this date.

**1. Applicant (s) Details**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Name: |  | |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Charity Number: *(if applicable)* |  | |
| Applicant Group Status: |  | |
| Tax Reference Number together with Tax Compliance Access No.: |  | Date: |
| Please indicate if the consent of the owner/affected owners has been obtained to apply for this scheme (Note: written consent must be submitted with the application) |  | |

**2. Project/Event/Activity/Works Details**

|  |  |
| --- | --- |
|  |  |
| Type of Project/ Event/Activity/Works: |  |
| Address of where Project/Event/Activity/Works will take place: |  |

**3. Statutory Notifications**

|  |  |  |
| --- | --- | --- |
|  | **Yes or No** | **If yes: enter date applied/received** |
| Does the proposed project/event/activity/works require or has it been granted planning permission? |  | Date applied: |
| Planning Status: |
| Planning Ref. No: |
| Does the proposed project/event/activity/works require Ministerial Consent or permission from other consent authorities? |  | Date applied: |
| Date received:  Reference No: |

**4. Project/Event/Activity/Works Summary**

|  |  |  |
| --- | --- | --- |
|  | **Summary** | |
| In no more than 300 words, summarise the proposed project/event/activity/works having regard to:  (a) The significance of the project/event/activity/works  (b) The effectiveness of the project/event/activity/works  (c) The capacity to deliver the project/ event/ activity/works  (d) How the project/event/activity/works will benefit the community and promote raised bog conservation awareness  (e) How the project meets national conservation objectives for raised bogs  (see [www.npws.ie](http://www.npws.ie) for the following publications ‘National Peatlands Strategy’, ‘the National Raised Bog Special Areas of Conservation Management Plan 2017-2022’ and the ‘Review of Raised Bog Natural Heritage Area Network’) |  | |
| Start and finish dates of proposed project/event/activity/works? | Start: | Finish: |

**5. Expenditure in relation to proposed Project/Event/Activity/Works**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Estimated Total Costs of Works: | €  *(excluding VAT)* | €  *(including VAT)* |
| Estimated Professional Fees: | €  *(excluding VAT)* | €  *(including VAT)* |
| **Total funding sought:** | **€** | |
| Amount of matching funds: | **€** | |
| Source of matching funds |  | |

**6. Other Grants/Funding & Reliefs**

|  |  |
| --- | --- |
|  |  |
| Is VAT recoverable? |  |
| Have you applied for other EU/Exchequer funding/Tax Reliefs? |  |
| Have other EU/Exchequer funding /Tax Reliefs been received/refused? |  |

**7. Contractors/Tradespersons/ Personnel employed on the project/works/event/activity**

**Contractor(s)/Tradesperson(s)/(Personnel) 1**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Name: |  | Position: |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Tax Reference Number: |  | Date: |
| Satisfactory level of subcontractor tax compliance demonstrated: *(if applicable)*\* | Yes: | No: |

**Contractor(s)/Tradesperson(s)/(Personnel) 2**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Name: |  | Position: |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Tax Reference Number: |  | Date: |
| Satisfactory level of subcontractor tax compliance demonstrated: *(if applicable)*\* | Yes: | No: |

**Contractor(s)/Tradesperson(s)/(Personnel) 3**

|  |  |  |
| --- | --- | --- |
|  |  | |
| Name: |  | Position: |
| Address: |  | |
| Telephone/Mobile Number: |  | Email: |
| Tax Reference Number: |  | Date: |
| Satisfactory level of subcontractor tax compliance demonstrated: *(if applicable)*\* | Yes: | No: |

**If necessary, copy this page to include additional contractors/tradespersons/personnel.**

**PLEASE ATTACH DETAILED WRITTEN QUOTES FOR THE PROJECT/EVENT/ACTIVITY/WORKS ALONG WITH A METHOD STATEMENT WHERE NECESSARY.**

**8. Declaration by Applicant/Group**

**I, the applicant, certify that:**

1. I understand and fulfil all the terms and conditions of the Peatlands Management Community Engagement Scheme.
2. The information provided in the application form and supporting documents is correct and I will notify the Department if there is any change in that information.
3. I am providing at least €\_\_\_\_\_\_\_\_ from my/<insert group/body’s name> own resources towards the Project/Event/Activity/Works.
4. I am/Group are /<insert groups/body’s name> are tax compliant.
5. I understand that the Department of Culture, Heritage and the Gaeltacht may retain and process personal information contained within this form and any associated documents provided and I understand that it will be used only for the purposes of the administration of this scheme and to establish eligibility for funding under this scheme.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Block Capitals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Checklist for Applicants (Insert Yes or No accordingly)**

|  |  |  |
| --- | --- | --- |
| **The following must be included in all applications** | **Applicant**  **Yes/No** | **Comment** |
| Form A - Fully completed |  |  |
| Method statement attached (if applicable) |  |  |
| Site location map with location of works clearly marked in red (if applicable) |  |  |
| Evidence of Tax Compliance/Charity Status submitted (if applicable) |  |  |
| Written consent of owner/affected owners for proposed works/project/event/activity (if applicable) |  |  |
| Provide photographs which illustrate the project before works commence, which may be used later for a ‘before and after’ comparison for reporting purposes where applicable |  |  |
| Detailed written quotes attached |  |  |
| Legal status of organisation/group/body attached |  |  |

**DCHG OFFICAL USE ONLY**