

**SUBSIDY TOWARDS THE
OPERATIONAL COSTS OF A
GROUP WATER SCHEME**

**APPLICATION FOR
ADVANCE SUBSIDY PAYMENT SUBSIDY A &
B**

WS 2 Adv.

NOTE: This claim and all required documentation must be submitted by 30 June of the year to which the claim relates.

The same Application Form should be used to apply for Subsidy A and B. The additional information required for Subsidy B need not be supplied where a group water scheme is only applying for Subsidy A.

EXPLANATORY NOTES:

Please read the Explanatory Memorandum for the subsidy scheme before you complete this form. An application for Advance Quarterly payment of Subsidy B will cover up to 4 Quarterly payments, or until the next Annual Claim is processed whichever is soonest.

All sections must be completed .

PART 1: GROUP SCHEME DETAILS

Local Authority Name: _____

Year to which application relates: _____

GWS Name: _____

STATUS of Group *(Please tick relevant ☐)*

Registered Co-op ☐ Limited Company ☐ Other (please specify) _____

Co-op or Company Registered Number: _____

Co-op or Company Registered Office: _____

Group Scheme Secretary or Manager:

Name: _____

Position: _____ *(Secretary or Manager)*

Address: _____

Phone: _____

Mobile: _____

E-Mail: _____

Applying for Advance Payment Subsidy A : ☐

Applying for Quarterly Advance Payments Subsidy B: ☐

BANK ACCOUNT DETAILS - SUBSIDY A PAYMENT

Bank: _____ Branch: _____
Address: _____
Name on Account: _____
Sort Code: _____ Account No.: _____

BANK ACCOUNT DETAILS - SUBSIDY B PAYMENT

(Separate dedicated account required for strand B subsidy payments)

Bank: _____ Branch: _____
Address: _____
Name on Account: _____
Sort Code: _____ Account No.: _____

Direct Debit arrangements in place Yes ☐ No ☐

GROUP SCHEME DETAILS (SOURCE AND TREATMENT PROVIDED)

SOURCE of supply: Local Authority ☐ Private ☐

Average daily demand over the past 12 months: _____ 000 gals/cubic metres

WATER TREATMENT PROVIDED: Yes ☐ No ☐

If YES give details of treatment:

“Bona Fide” DBO O&M contract: ☐

Name of Contractor : _____

Other: ☐

Specify (including name of Contractor if applicable):

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Date of last Annual General Meeting: _____ (enclose a copy of the AGM Notice)

QUALITY ASSURANCE SYSTEM

Being implemented Yes ☐ No ☐

Training Sought Yes ☐ No ☐

Type of QA System : _____

Confirmation must be enclosed

CHARTER OF RIGHTS

Adopted Yes ☐ No ☐

Date _____

Confirmation must be enclosed

WATER CONSERVATION MEASURES

Implementing Measures Yes ☐ No ☐

Details : _____

PART 2: DECLARATION OF OFFICERS

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We the Officers of _____ apply for an Advance Subsidy payment(s) towards the operational costs of _____ Group Water Scheme in respect of the year ended __/__/20__.

We direct that payment be paid to the group's bank account as detailed on Page 3.

We declare that

- The Group Scheme is compliant with the terms and conditions for payment of subsidy
- The Information provided is correct to the best of our knowledge and belief
- We are willing to undertake responsibility for accepting subsidy on behalf of group members for the purpose of defraying operational costs
- We are aware that future advance payments of subsidy will be based on information supplied in this application and we will notify the relevant authority of any significant change which might affect entitlement to same.

Signed: _____
Position : Chairperson _____
(Name in Block Capitals)
Date: _____

Signed: _____
Position : Secretary /Manager _____
(Name in Block Capitals)
Date: _____

Signed: _____
Position : Treasurer _____
(Name in Block Capitals)
Date: _____

Subsidy A :

Total Annual Subsidy received (20) € _____

Claim for Advance

(a) 70% of previous Annual = € _____

(b) No. of Domestic Connections ()

@ €49 / €98 = € _____

Advance Subsidy Due =

Lesser of (a) or (b) € _____

Subsidy B :

Total Annual Subsidy received (20) € _____

Claim for Advance

25% of previous Annual = € _____

Quarterly Payments Due € _____