

**Expression of Interest Form**

**TVRS – Project Development Measure 2024**



Please complete this Expression of Interest form

and return it to [**placeshaping@roscommoncoco.ie**](mailto:placeshaping@roscommoncoco.ie).

Closing Date: 19th March 2024

**Town & Village Renewal Scheme 2024**

**Town/Village covered:**

**Project Name**

**Project Location**

**(eircode or XY Co-ordinates)**

**Please indicate which category of funding is being applied for:**

**Category 1 Category 2 Category 3**

**Towns/Villages with Towns/Villages with Towns/Villages with**

**Population of 5,000 Population of Population up to**

**or less 5,001-10,000 15,000**

**Amount of Funding Requested:**

**Applicant Group:**

**Applicant Contact Name:**

**Applicant Contact Address:**

**Applicant Telephone Number:**

**Applicant Mobile Number:**

**Applicant Email Address**

1. **Has funding for this project ever been sought from other sources?**  Yes  No

**(If "YES" yes please specify from what source and if funding was provided)**

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1. **Who are the specific project stakeholders/community partners in this project?**

**(Chamber of Commerce/business, Community group, residents etc.).**

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1. **What consulatation has taken place to date with these stakeholders/community partners?** *Specifically highlight any issues which arose on foot of consultation and how these have been, or are being addressed.*

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1. **Project details: (Provide a synopsis of the project proposal,and the works proposed.)**

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1. **How will the proposed final project help to rejuvenate and enhance the town/village?**

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1. **Outline how the proposed final project is strategic in nature.**

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1. **What is the objective of the proposed project and how will the intended outcomes be measured? (Please identify any metrics or benchmarks that will be applied).**

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**DECLARATION**

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| **I hereby confirm that I have read and understand this document. I request that consideration be given in support of the project as outlined above.**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |