



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



Tionscadal Éireann  
Project Ireland  
**2040**

Ár dTodhchaí  
Tuaithe  
Our Rural  
Future



## CLÁR FUNDING 2025

### APPLICATION FOR MEASURE 2:

### MOBILITY, CANCER CARE, COMMUNITY FIRST RESPONDER AND MEALS ON WHEELS TRANSPORT

<b>Name of Applicant/ Organisation/ Group:</b>	
<b>Short Project Description:</b> (Less than 20 word description that will be published on DRCD website)	
<b>Contact Person and Position Held:</b>	
<b>Address:</b>	
<b>Email:</b>	
<b>Telephone:</b>	
<b>Is your organisation based in a CLÁR area or operating over 80% in CLÁR areas: Yes/No</b>	
<b>Location / general area of operation:</b> Provide details verifying that 80% of service users are in CLÁR areas.	
<b>District Electoral Division (DED) Name and ID:</b> <a href="https://assets.gov.ie/3118/201118151156-877e213445e54444a6cf1fdb9300cf45.pdf">https://assets.gov.ie/3118/201118151156-877e213445e54444a6cf1fdb9300cf45.pdf</a>	

<p><b>LOCATION</b> Please provide the Eircode or XY (ITM format) Co-ordinates</p> <p>Irish Tranverse Mercator (ITM)</p> <p>Coordinates can be converted to into required format here: <a href="https://gnss.osi.ie/new-converter/">https://gnss.osi.ie/new-converter/</a>. (Data will be used to geo-map all successful projects).</p>	<p><b>EIRCODE</b></p> <table border="1" data-bbox="638 159 1013 218"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p><b>XY (ITM)</b></p> <table border="1" data-bbox="638 348 1409 407"> <tr> <td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> <td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									E								N							
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<p><b>Summary description of proposed vehicle or vehicle adaptation to be funded:</b></p>																									
<p><b>Indicative Priority</b> (relevant to Regional and National Organisations only):</p>																									

<p><b>Provide a short description of your organisation including how your activities align with the requirements contained in the Scheme Outline.</b> (detail the no. of passengers/meals per week currently being transported if service is in existence):</p>
<p><b>Outline the need for the Vehicle</b></p>

**Provide a detailed outline (including indicative costings) of the vehicle and/or adaptation(s) proposed under this application:**

**Please identify and list at least three of the Sustainable Development Goals that are being delivered through this proposed project. Further information on the goals can be found at; <https://irelandsdg.geohive.ie/>**

## **Costings**

<b>Total cost of vehicle:</b>	€
<b>Total cost of fitout:</b>	€
<b>Total cost of solar panel/charging point, if applicable:</b>	€
<b>Funding amount sought:</b> (Maximum 90% of total cost for hybrid/electric vehicle) or (Maximum 80% of total cost for petrol/diesel vehicle)	€
<b>Match Funding/Cash Contribution:</b> (Minimum 10% of total cost for hybrid/electric vehicle) or (Minimum 20% of total cost for petrol/diesel vehicle)	€
<b>Source of Match Funding</b> e.g. fundraising, philanthropic body etc.:	
<b>Amount of Match Funding being provided by applicant:</b>	€

<b>Evidence of Match funding attached (Y/N):</b> (e.g. bank statement showing balance available or similar)	
<b>Required quotations attached (Y/N)</b> (one required at application stage):	
<b>Details of quotation(s)</b> (name of supplier and amount(s)):	
<b>Name of Support Organisation (please attach support correspondence):</b> See Scheme Outline - letter/email in support of the application from, e.g. HSE/GP/ Public Health Nurse/ An Garda Síochána or other service provider.	
<b>Type of vehicle</b> (petrol/diesel/hybrid/electric):	
<b>Has an application for funding for this project been submitted to any other scheme or programme in the past 12 months. If so, has it been approved or is it awaiting a decision? (Y/N):</b> If yes, please provide details.	
<b>Detail regarding status and establishment of organisation/group attached (Y/N):</b>	
<b>Does your organisation operate on an entirely voluntary basis (Y/N):</b> Please provide details.	
<b>Are your transport services provided free of charge (Y/N):</b> Please provide details.	
<b>Do you have volunteer drivers with the necessary licence to drive the vehicle being applied for (Y/N):</b> Please provide details.	
<b>Will your organisation be in a position to provide the necessary insurance, tax and ongoing maintenance of the vehicle (Y/N):</b> Please provide details.	

## Use of Data

The information on this Application Form will be used by the Department of Rural and Community Development for the purposes of processing the application. Further information may be sought by the Department to clarify aspects of the project proposal

The Applicant and the Department are subject to the data protection and privacy laws of Ireland and the EU, in particular the Data Protection Act 2018 and Regulation (EU) 2016/679, known as the EU General Data Protection Regulation ("GDPR").

The Department retains the right to disclose for the purposes of a request under the Freedom of Information Act 2014 or otherwise, in connection with the funded project(s) –

- i. any information supplied by the Applicant to the Department,
- ii. any relevant data gathered by the Department in administering grant aid to the project, except where the information is considered to be personal or commercially sensitive.

### **Applicant Declaration**

I confirm that the particulars of this application are correct and that:

- The project is based in at least 80% of a CLÁR area
- Match funding is available and ringfenced for the project.
- All necessary permissions are in place.
- Transport services will be provided free of charge.
- Volunteer drivers with the necessary licence to drive the vehicle being applied for.
- The organisation is in a position to provide the necessary insurance, tax and ongoing maintenance of the vehicle.
- The organisation operate on a voluntary basis.
- The vehicle being sought is new or no older than 5 years.

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

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

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

**Must be Chairperson or Treasurer**