



Application Form for Community Facilities Remedial Works Scheme (CFRWS) (non-Fingal County Council owned Facilities)

For official use only:

Date Received: _____

Reference No: _____

Category: _____

Amount Awarded: _____

ALL APPLICATIONS TO BE RETURNED TO:

Community Development Office
Fingal County Council
Civic Offices
Grove Road
Dublin 15

Please ensure that you have completed all sections of the CFRWS application form, that you have signed the declaration form and checked the tick box at the back of the form to ensure you have submitted all the required information.

SECTION 1.

Name of Community Facility	
Address	
Eircode	
Contact name for the purposes of this application	
Position held in organisation	
Telephone Numbers	
Email address	
Website	
Tax Number	
When was your facility built	

LIST OF COMMITTEE / BOARD MEMBERS:

(For the purposes of the GDPR we will only require the personal details of the officer board. For all other members please provide name, phone number and email address of facility only)

NAME	Position on Board	Email Address	Phone
	Chairperson		
	Secretary		
	Treasurer		

SECTION 2: GROUP / ORGANISATION DETAILS:

PURPOSE OF GROUP / ORGANISATION: (OUTLINE MAIN OBJECTS AND SERVICES PROVIDED BY YOUR ORGANISATION TO THE COMMUNITY.

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GOVERNANCE DETAILS:

Please tick the appropriate box most relevant to your facility

- CLG Constitution
- Constitution

Has your company converted to a CLG?

Yes / No

Please submit your revised constitution and new company certificate. (If you have submitted this already do not include).

Is your group a registered charity
Please provide your charity number

Yes / No

RESERVES:

Does your organisation have a reserve policy?

When was this last reviewed by the Company Directors?

- Please provide details of any reserve funds on hand
- Please provide a copy of your most up to date reserves policy

OTHER SOURCES OF FUNDING:

Please provide details of any other sources of funding i.e. (DSP, POBAL, DDLETB etc)

ORGANISATION	ANNUAL AMOUNT	REASON FOR FUNDING

Any other relevant information.

FINANCIAL AUDIT – please provide the following information

- Date of next audit

- Details of company auditor

SECTION 3:

Please provide an outline of the project proposal:

Estimated cost _____

Funds in reserve to support this work _____

Funds requested from Fingal County Council _____

(Please note that completion of this application is not a guarantee that your project will receive funding).

ACKNOWLEDGEMENT OF FINGAL COUNTY COUNCIL

Please note that all applicants must acknowledge Fingal County Council’s Community Development Office’s contribution to the project i.e. acknowledgement in publications, use of logo and signage display as required.

STATEMENT:

The facility named above agrees to the terms and conditions of the Community Facilities Remedial Works Scheme (non-Fingal owned).

To the best of our knowledge the information referred to in this application is correct.

I/we have agreed that we have read and understand the guidelines and funding information document and agree to comply fully with it. I/we understand that decisions on allocation of funding are final.

I/we certify that all the information contained in this application and any supporting documentation are truthful and accurate and that I/we accept that if any information is found to be false or misleading that Fingal County Council may withdraw funding or require repayment of all, or part of the funding already paid.

Chairperson’s name: _____

Chairperson’s signature: _____

Authorised Person: _____

Signature: _____

Position held: _____

Date: _____

**** Failure to have this application signed by both parties will deem your application invalid and will not be considered for funding.**

Applications should be submitted by the end of December 2020 to:

Fingal County Council, Community Development Office, Civic Offices, Grove Road, Blanchardstown, Dublin 15

NB: You must submit a hard copy of your application it is only when the hard copy is received that your application will be logged in our database as received, formally acknowledged and put forward for consideration.

COMPULSORY DOCUMENTS

CHECKLIST

Please tick each box to show that you have included this information, however, if you have previously submitted this information please make a note beside the relevant box.

- Copies of drawings/maps/plans and any other technical documentation
- Audited accounts/Financial Statements
- Statutory permissions or consents
- Landlord/owner consent
- Up to date tax clearance cert
- Evidence of availability of own/other funding
- Three quotations for required works

Note: *Your application cannot be assessed unless all of the questions on this form have been fully completed, the form is signed, and all supporting documents received.*

Neither Fingal County Council nor any of its officers, employees or agents (each a “Fingal Party”) shall be liable in respect of any loss, damage or costs of any nature arising directly or indirectly from this application or the subject matter of this application. No Fingal Party shall, at any time, in any circumstance, be held responsible or liable in relation to any matter whatsoever arising in connection with the development, planning, construction, structure, operation, management, administration and/or use of community centres or facilities which are not owned [or operated] by Fingal County Council. Those matters are solely the responsibility of the owner(s) [or operator(s)] of the relevant community centre or facility. No Fingal Party make any representation, warranty, assurance or undertaking (express or implied) whatsoever in respect of the community centres or facilities which are not owned [or operated] by Fingal County Council.

By signing the declaration below I/we hereby agree that we have read and understood the statement above.

SIGNED: _____
[PRINT NAME _____] For and on behalf of [_____]
DATE