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| C:\Users\mcfaddenn\Desktop\CC&G LAG logo.JPG |
|  |  | **Causeway Coast and Glens LAG**  |
| For Office use only |  | Cloonavin |
|  |  | 66 Portstewart Road  |
| Date Received  |  | Coleraine |
|  |  |  |
| Ref. No  |  | BT52 1EY |
|  |  | Tel : 028 7034 7039 |
| Scheme Proceed to FW? (Y/N) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |

**RURAL BASIC SERVICES SCHEME**

**EXPRESSION OF INTEREST FORM**

|  |
| --- |
| **NOTES:*** This form is an **Expression of Interest** for funding from the **NIRDP 2014-2020** and does **NOT** constitute an application for funding.
* The information provided in this form will be used to advise you if your proposal:
	1. Needs further development before application
	2. Can continue through the application process
	3. Is more appropriate to another funding body
* If your project proposal appears eligible for funding under NIRDP you will be requested to attend a compulsory Funding Workshop where you will learn more about the Scheme and how to apply.
* The submission of an Expression of Interest form and/or the application form for NIRDP assistance may not be taken as an indication that the project will be awarded grant aid.

**ALL PROJECT DETAILS AND INFORMATION WILL BE TREATED WITH THE STRICTEST OF CONFIDENCE.** |

1. **Applicant:**

Name:

Organisation Name:

Address:

 Postcode:

Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address:

Project Location (if different to the above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Applicant Type:**

 Community/Voluntary ❑

 Council ❑

 Strategic Public Body ❑

 Council/Private Partnership ❑

 Council/Community Voluntary Partnership ❑

 Other – Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **New Organisation** ❑ **Existing Organisation** ❑

 If an Existing Organisation

 Number of years in existence:

1. **Legal Status**

Please indicate the legal status of your organisation:

Limited Liability Partnership ❑

Company Limited by Guarantee ❑

Community Interest Company ❑

Registered Charity ❑

Public Body ❑

1. **Project Details**

***Title of project?***

***Briefly describe your Existing Organisation***

NB: In this section you should detail **CURRENT** activities / services provided by your organisation:

***Briefly describe your Proposed Project***

NB: In this section you should detail FUTURE activities that any Rural Development Funding would enable:

 *Continue on separate sheet if required.*

1. **(a) Project Costs:**

|  |  |  |
| --- | --- | --- |
| Items for Which Funding is Sought | Total Cost (£)*(Net, if VAT registered, Gross if not VAT registered)*Net ❑ Gross ❑ | Eligibility (Y/N)Office use only |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* Total Project cost: £………………………
* Amount of RDP funding sought (MAXIMUM OF 75% OF TOTAL PROJECT COST): £ …………………………………
* Applicant Match Funding Amount (AT LEAST 20% OF TOTAL PROJECT COST): £………………………………….
* Project Match Funding Breakdown:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE  | Name of Match Funder | Value - £ | Applied For (Tick) | Secured (Tick) |
| Own Funds  | Self | £ |  |  |
| Other Funder(Private)  |  | £ |  |  |
| Other Funder (Public Body) - Must be non-EU funding |  | £ |  |  |
| In-Kind Contribution  |  | £ |  |  |

*(Note a maximum grant rate of 75% applies for all applications under the Basic Services Scheme with Maximum grants being £180,000 for Capital costs and £5,000 for Resource costs).*

**6. (b)**

 **If your Match Funding applied for does not materialise how will you match fund the Project?**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Project Dates:**

**Proposed Start Date of Project:** \_\_\_\_/\_\_\_\_/\_\_\_ End **Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_

**8. Application Pre-Requisites**

The following are pre-requisites required at the time of application. Please indicate your current position as an indication of your readiness to proceed to full application:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **In Place/ Secured** | **Not In Place/ underway** | **Not Applicable** | **Estimate Date for completion if not in place** |
| **Business plan completed on agreed NIRDP Format** | ❑ | ❑ | ❑ |  |
| **Legal Charge Information (if applicable)** | ❑ | ❑ | ❑ |  |
| **Registered for/attended a funding workshop** | ❑ | ❑ | ❑ |  |
| **Evidence of full planning permission in place** | ❑ | ❑ | ❑ |  |
| **Written evidence of source of match funding** | ❑ | ❑ | ❑ |  |
| **Evidence of project costs via Quotations/Tenders**  | ❑ | ❑ | ❑ |  |

 **DECLARATION**

I/ We declare that the information given is true and correct to the best of my knowledge.

I/ We acknowledge that the submission of this Expression of Interest does not constitute an offer of financial assistance.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:…………………….

Signed (if partnership)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ……………………

**Please return to:**

**Causeway Coast & Glens LAG:**

**Cloonavin**

**66 Portstewart Road**

**Coleraine**

**BT52 1EY**

Or scan and e-mail to rdp@causewaycoastandglens.gov.uk

