

**Rural Development Programme 2014 – 2020 LEADER**

**Expression of Interest (EOI) Form**

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| **Timed Call: Closing Date for Receipt of EOI’s is the 27th April 2018 at 5.00pm**  **Project Type: Funding towards Developing Playgrounds** |

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| **NOTE:** This Expression of Interest (EOI) form must be completed as a pre-cursor to an application proper for funding under the LEADER Programme 2014 – 2020.  Failure to complete this form completely will result in a delay in dealing with your Expression of Interest and any further processing of any subsequent application arising therefrom for funding under LEADER 2014-2020.  **Completion Guidance Notes:**   * Please complete this form in full. All fields are mandatory. * A hardcopy of this form can be obtained from Kilkenny LEADER Partnership * A softcopy can be downloaded and printed from [www.cklp.ie](http://www.cklp.ie) Your **Expression of Interest Form** can be posted to Kilkenny LEADER Partnership or e-mailed to [eoi@cklp.ie](mailto:eoi@cklp.ie) with any additional information you feel may be of relevance to your Expression of Interest. * A Rural Development Officer from the Kilkenny LEADER Partnership will contact you when your **Expression of Interest Form** has been reviewed. * If you require assistance in completing this form please contact Kilkenny **LEADER Partnership CLG, 8 Patricks Court, Kilkenny. Tel 056 7752111 or eoi@cklp.ie** |
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| **Rural Development Programme (Leader) 2014 – 2020**  **Expression of Interest (EOI) Form**  **GENERAL INFORMATION**  **All Fields are mandatory and must be completed.** | | |
| **Your Local Action Group (LAG) name:** | **County Kilkenny LEADER Partnership CLG** | |
| **Project Name / Title:** |  | |
| **Promoter’s / Community Groups Name:** |  | |
| **Promoters Lead / Main Contact Name:** |  | |
| **Promoters Main Telephone No.: Promoters E-mail Address:** |  | |
| **Promoters E-mail Address:** |  | |
| **Promoter’s Address:** |  | |
| **Promoter Type:**  [Individual, Community Group, Organisation, Other]. | **Classification of Promoter:** *Cross appropriate box and include copies of supporting governing documents with this application.*  Sole Trader  Community Council  Farmer(If Yes Herd No. is required below)  Trust  Formalised Community/Voluntary group  Partnership  Companies Limited by Guarantee  Limited Company  Designated Activity Company limited by shares  Private Individual  Registered Charity  Private Individual  Cooperative society registered under the Industrial & Provident Societies Act  Other | |
| **Herd Number:** |  | |
| **Has Promoter / Community Group received Leader funding previously?**  **Please tick one** | YES NO | |
| **PROJECT INFORMATION** | | |
| **Project Address :** | |  |
| **Project located in Gaeltacht area :** | | YES NO X |
| **Project located on Islands area :** | | YES NO X |
| **Estimated Project Costs:**  [Total estimated costs] | |  |
| **LEADER Funding Required for project:** | |  |
| **Projects Other Funding sources** (If Any - Bank Loansetc) | |  |
| **Please give a brief description of the proposed project (**Please use additional sheet and attach to this form if required.) | | |
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| **Please identify and itemise what elements of the project you are seeking grant aid for?** ( e.g. building, equipment, professional fees, marketing, training, Analysis and Development – use additional sheet if necessary) |
| |  |  |  | | --- | --- | --- | |  | **Description** | **Approx. Cost € (ex VAT)** | | **Item 1** |  |  | | **Item 2** |  |  | | **Item 3** |  |  | | **Item 4** |  |  | | **Item 5** |  |  | | **Total** |  |  | |

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| **Signed for and on behalf of the Promoter / Group:**  I/ We confirm that the details supplied are true and correct to the best of my/our knowledge  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name in Block Capitals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Part or all of the information you provide will be held on computer and hard copy format. This information will be used for the administration of Expression of Interests and producing monitoring returns. LAG’s may share information with each other and government departments/agencies to enable them to prevent fraudulent applications or for detecting crime and to co-ordinate processing of complementary applications. It may also be subject to meeting obligations under the Freedom of Information Act as amended.  This policy does not affect your rights and your information will be held as prescribed under the Data Protection Acts 1988 and 2003. |

**For Office Use Only:**

**EOI Ref ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Generated from RDP IT System)

**Call Type:** (Rolling / Time Limited) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Main Programme Theme**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LAG Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of LAG Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date form Received from Promoter in LAG**: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**LAG Date Stamp:**

**DATA PROTECTION ACT CONSENT FORM**

**Kilkenny LEADER Partnership CLG**is responsible for delivering the Rural Development Programme LEADER 2014 – 2020. We are required to collect information on individuals and community groups whom we assist.

As soon as you contact Kilkenny LEADER Partnership CLG, a record is created in your name for the information you provide. The information will be stored by us where relevant in paper/electronic form. Information that we then collect including information that you give us is added to the record.

# You have the right, given by the Data Protection Act of 1988 and 2003 to a copy of your information at any time. We charge a fee of €6.35 for each request.

***You should address your request to:* Kilkenny LEADER Partnership CLG, 8 Patricks Court, Kilkenny.**

The information we record is used only for the following purposes:

* Processing of applications
* Auditing of applications (Article 48 check)
* Compiling statistical information to help us plan and improve our services
* Analysing information about applicants for other bodies such as various Government Departments
* Producing our own statistics for publication
* Publication of promoter and project details (including photography) for publicity and promotional purposes.

Personal information about you will be disclosed only in accordance with LAG registration under the Data Protection Act. The purpose for which we hold information and the people to whom we may disclose it are listed in the Register of Data Controllers. This is a public register kept by the Office of the Data Commissioner at the Irish Life Building, Talbot Street, Dublin 1. (Phone 01- 874 8544), and you may inspect it free of charge.

To give you an example of disclosure: **Kilkenny LEADER Partnership CLG**is required to give promoters names and certain other personal data to Rural Development Division in the Department of Agriculture, Food and Rural Development. The Department in turn observes strict rules of disclosure that are registered with the Office of the Data Protection Commissioner.

Other information supplied and collected may also be disclosed to people and bodies from time to time. On request you can receive a list of disclosures.

## DECLARATION

I have read and understand the above statement and give consent to **Kilkenny LEADER Partnership CLG**for the use and disclosure of data and information as outlined above.

## DECLARATION

I have read and understand the above statement and give consent to **Kilkenny Leader Partnership**for the use and disclosure of data and information as outlined above.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Witnessed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_