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CLÁR Funding 2018

Application form for Submission to the Department of Rural and Community Development. Please read in conjunction with the CLÁR 2018, M4 Scheme Outline

Measure 4: Wheelchair Access and Cancer Care Support

Name of Applicant Organisation/Group:	
Contact Person:	
Correspondence Address:	
Correspondence Email:	
Correspondence Telephone:	
Location / general area of operation: Please provide details of activities in CLÁR areas.	
Summary description of proposed vehicle to be funded:	
Rationale for provision of equipment (please provide a detailed rationale for the provision of the equipment sought under this application)	

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Total cost of vehicle/fitout:	€
Amount of Match Funding being provided by applicant (15% at minimum). Please provide details of the available match funding including evidence such as bank statements and a declaration of funding availability:	€
Amount being sought under this CLÁR application:	€
Has an application for funding for this project been submitted to any other scheme or programme in the past year (Y/N): If yes, please provide details.	
Letter(s) of support attached (Y/N):	
Detail re status and establishment of organisation/group attached (Y/N):	
Does your organisation operate on an entirely voluntary basis (Y/N): Please provide details.	
Are your transport services provided free of charge (Y/N): Please provide details.	
Do you have volunteer drivers with the necessary licence to drive the vehicle being applied for (Y/N): Please provide details.	
Will your organisation be in a position to provide the necessary insurance, tax and ongoing maintenance of the vehicle (Y/N): Please provide details.	

Please provide a short description/history of your organisation and it's current activities below or attach separately:

Please provide a detailed outline (detailed specifications are not necessary) of the vehicle/fitout proposed under this application or attach separately:

