

 <p>An Roinn Tithíochta, Pleanáil agus Rialtais Áitiúil Department of Housing, Planning and Local Government</p>	<h2 style="margin: 0;">CAPITAL ASSISTANCE SCHEME</h2>	CAS 1
APPLICATION BY AN APPROVED HOUSING BODY (AHB) TO A LOCAL AUTHORITY FOR A LOAN UNDER THE CAPITAL ASSISTANCE SCHEME		

Section 1	Local Authority Name
	Local Authority Name

Section 2	Approved Housing Body Details	
Approved Housing Body Name	Contact Name in Approved Housing Body	
Approved Housing Body Address	Phone No of the Contact Person	
	Email Address of the Contact Person	
Tax Reference No of the Approved Housing Body	Tax Clearance Access No.	Charity No.
Is the organisation an Approved Housing Body under Section 6 of the Housing (Miscellaneous Provision) Act 1992	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the AHB signed up to the Voluntary Regulation Code (VRC) for Approved Housing Bodies in Ireland	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the AHB undergone a satisfactory assessment as part of the annual assessment process by the AHB Regulation Office	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to any of the above is "NO", the application cannot be processed		

Section 3	Project Details		
Project Name	GIS Co-ordinates of the Project		
Address of the Proposed Project	Eircode		
	Total No of Units		
Proposed Method of Delivery	Indicate as to % of loan proposed:	Has planning permission been granted for this project?	
Acquisition <input type="checkbox"/> Please complete 4A below	100% <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Buy and Renew <input type="checkbox"/> Please complete 4B below	95% <input type="checkbox"/>	If yes state date it was obtained	
Construction <input type="checkbox"/> Please complete 4C below	(Note – If 100% loan the Approved Housing Body has waived its nomination rights)	Proposed Commencement Date	
Part V <input type="checkbox"/> Please complete 4A below		Proposed Completion Date	
Turnkey <input type="checkbox"/> Please complete 4A below			
In the case of an acquisition, is the required independent professional valuation of the property attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is funding towards capital costs being provided by any other Government Department or statutory agency?	Yes <input type="checkbox"/>	If 'YES' provide details	Total cost of project €
	No <input type="checkbox"/>	If Yes Provide Amount	Total CAS loan requested €

Section 4		Breakdown of Costs		
		Section 4A	Section 4B	Section 4C
Type of Works		Acquisition /Part V/ Turnkey	Buy and Renew	Construction
Acquisition Cost/ Site Cost*				
Improvement/refurbishment works				
Legal Fees - LA				
Legal Fees – AHB				
Technical Fees				
Construction Estimate				
-Site Clearance				
-Site Development Works				
-Structural Works				
-Doors/Windows/Finishes				
-Fittings (sanitaryware, kitchen & wardrobes)				
Services (ESB, Gas, Water, Telecoms)				
Total Cost of Project				
Less funding from sources other than CAS				
Total CAS Loan (Funding) Required				
Communal Facilities (must be applied for separately where relevant)				

*Site cost for construction projects only

Section 5		Category of Housing Need being Addressed		
		No of Units		
Homeless*	<input type="checkbox"/>		Please complete Section 6 below	
Disability	<input type="checkbox"/>		Please complete Section 7 below	
Congregated Settings	<input type="checkbox"/>		Please complete Section 7 below	
Older Persons	<input type="checkbox"/>		Please complete Section 6 below	
Care Leavers	<input type="checkbox"/>		Please complete Section 8 below	
Caretaker/Support Worker	<input type="checkbox"/>		-----	
Returned Emigrant	<input type="checkbox"/>		Please complete Section 6 below	
Families	<input type="checkbox"/>		Please complete Section 6 below	
Other	<input type="checkbox"/>		Please complete Section 6 below	

*Where relevant, how many of these Units are for Victims of Domestic Violence? _____.

Section 6		Operational Supports	
On completion of this project, will HSE/TUSLA/OTHER SERVICE PROVIDER support be required on an on-going basis?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If 'Yes', Please provide details			

Section 7		To be completed by Approved Housing Body, Service Provider and Health Service Executive where housing is being provided for People with Disabilities	
Does this project require registration as a Designated Centre (HIQA)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'YES' what are the cost implications and how will these costs be met by the Approved Housing Body?			
Will this project accommodate people who are supported by:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mental Health Services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Disability (Social Care) Services		Yes <input type="checkbox"/>	No <input type="checkbox"/>
We certify, that in preparing this application for CAS funding, we have consulted with:			
1) The relevant housing authority (<i>insert housing authority, name and contact details of official</i>) on (<i>give date(s)</i>); and			
2) The local HSE Social Care Disability/Mental Health Manager/Representative (<i>insert name and contact details</i>) on (<i>give date(s)</i>)			
and both parties at 1) and 2) above have confirmed that:			
a) They are supportive of this application proceeding to the next stage for consideration and			
b) This application is in line with Guidance on CAS funding set out by the Department of Housing, Planning and Local Government.			
This form is to be signed on behalf of the AHB (by two authorised officers at Section 9 below), the Service Provider and the HSE immediately below:			
Signed: (on behalf of Service Provider)		Date:	
Print Name:			
Name of Service Provider			
FOR COMPLETION BY HSE			
I confirm that the HSE supports this project and is satisfied that adequate ongoing funding will be available for any ongoing support services needed after its completion and that the conditions set out in DHPLG Circular 45/2015 are being met and that inappropriate clusters are not being developed, either by one provider or several providers operating in the same geographical area.			
The number of <u>people</u> moving out of Congregated Settings in this case is _____.			
Name & address of the Congregated Setting(s) the people are moving <u>from</u> (please specify unit/house name in the case of large campus)			

Signed: (on behalf of HSE) _____		Date: _____	
Print Name: _____		Grade _____	

Section 8	To be completed by Approved Housing Body and TUSLA where housing is being provided for Care Leavers aged 18-21 (or up to 23 if in education or training) at risk of homelessness
<p>We certify, that in advance of submitting this application for CAS funding, we have discussed and agreed it with:</p> <p>1) the relevant housing authority (insert housing authority, name and contact details of official) on (give date(s).....); and 2) the CAS project team in Tusla (insert name and contact details on (give date(s).....))</p> <p>and both parties at 1) and 2) above have confirmed that:</p> <p>a) they are supportive of this application.</p> <p>b) that this application is in line with the Guidance on CAS funding for Accommodation for Care Leavers aged 18-21 (or up to 23 if in education or training) at risk of homelessness (i.e. State Care Leavers¹) set out by the Department of Housing, Planning and Local Government in Circular Housing 30/2017.</p> <p>c) Tusla support the accommodation proposal and have area based dedicated aftercare services and aftercare interagency steering committees in place to support the tenancy.</p>	
<p>This form is to be signed on behalf of the AHB (by two authorised officers at Section 9 below) and by Tusla immediately below:</p>	
<p>For completion by Tusla</p> <p>I note and endorse the above on behalf of Tusla.</p>	
<p>Signed: (on behalf of Tusla) _____</p> <p>Print Name: _____</p>	<p>Date: _____</p> <p>Grade _____</p>

Section 9	Certification by Approved Housing Body
<p>We hereby certify that the information given above is correct and, on behalf of (insert name of AHB here), hereby apply for a loan of € (insert amount here) from (insert name of LA here) under the terms of the Capital Assistance Scheme. We understand that the provision of any false or misleading information may result in the funding applied for not being provided or, where such funding may have already been provided, recoupment of the amount involved¹.</p>	
<p>Signed (on behalf of AHB): (first signature)</p> <p>Print Name:</p>	<p>Date:</p>
<p>Signed (on behalf of AHB): (second signature)</p> <p>Print Name:</p>	<p>Date:</p>

¹ This may be of particular relevance where properties are acquired or advanced using the delegated sanction allowed to LAs in certain circumstances.

Checklist	Documents to be enclosed with this form and to be sent to the local authority
<ul style="list-style-type: none"> • In the case of a construction scheme (or a large block acquisition) a Capital Appraisal as per the Stage 1 approval under the CWMF – i.e. CWMF P.R. 01 FORM (STAGE 1) - please get guidance from LA. • In the case of an acquisition, an independent professional valuation of the property supplied by a member of an appropriate professional/chartered organisation. (e.g. Institute of Professional Auctioneer & Valuers / Society of Chartered Surveyors of Ireland). • Any other relevant information can be attached to this application • Note: Before the LA can approve a Buy & Renew scheme a detailed condition survey of the premises prepared by a suitably qualified competent person to facilitate the most accurate estimation possible of expected remediation costs must be completed and submitted to the LA. 	
<p>This form should be completed in duplicate, one copy to be sent to the local authority, the other sent to the Department at either:</p>	
<p>Department of Housing, Planning and Local Government, Social Housing Capital Investment, Government Offices, Ballina, Co. Mayo. F26 E8N6</p> <p>For the following local authorities; Cavan, Clare, Donegal, Galway City, Galway, Kerry, Kildare, Laois, Leitrim, Limerick City and County, Longford, Mayo, Monaghan, Offaly, Roscommon, Sligo, Tipperary, and Westmeath.</p>	<p>Department of Housing, Planning and Local Gov Social Housing Capital Investment, Room G.09, Custom House, Dublin 1. D01 W6X0</p> <p>For the following local authorities; Carlow, Cork, Cork City, Dublin City, Dun Laoghaire/Rathdown, Fingal, Kilkenny, Louth, Meath, South Dublin, Waterford City and County, Wexford and Wicklow County Council</p>