

 <p>An Roinn Tithíochta, Pleanála agus Rialtais Áitiúil Department of Housing, Planning and Local Government</p>	<h2 style="margin: 0;">CAPITAL ASSISTANCE SCHEME</h2>	<h2 style="margin: 0;">CAS 2</h2>
APPLICATION BY LOCAL AUTHORITY TO THE MINISTER FOR HOUSING, PLANNING AND LOCAL GOVERNMENT FOR APPROVAL OF GRANT UNDER THE CAPITAL ASSISTANCE SCHEME.		

Section 1	Local Authority Details	
Local Authority Name Enter the Local Authority name here	Contact No Enter phone no. of LA contact person here	
Local Authority contact person in relation to this application Enter name of the local authority contact here.	E-mail Enter e-mail address of LA contact person here	

Section 2	Approved Housing Body Details	
Approved Housing Body Name Enter Name of Approved Housing Body Here.	Tax Reference No of the Approved Housing Body Enter Tax Ref No here	
Address of Approved Housing Body Enter address here Enter address here Enter address here Enter address here	Charity No Enter Charity No here	
	Tax Clearance Access Number Enter Tax Clearance No Here	
Is the organisation an Approved Housing Body(AHB) 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 confirmed in its FORM CAS 1 application that it has 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 Enter name of project here	GIS Co-ordinates Enter GIS co-ordinates here.	
Address of the project Enter address here Enter address here Enter address here Enter address here	Eircode Enter Eircode here.	
	No of Units Enter no. of units here.	
Delivery Method Acquisition <input type="checkbox"/> Please complete 4A below Buy and Renew <input type="checkbox"/> Please complete 4B below Construction <input type="checkbox"/> Please complete 4C below Part V <input type="checkbox"/> Please complete 4A below Turnkey <input type="checkbox"/> Please complete 4A below	Indicate as to % of loan proposed: 100% <input type="checkbox"/> 95% <input type="checkbox"/> <i>(Note – If 100% loan the Approved Housing Body waives its nomination rights)</i>	Proposed Commencement Date Enter proposed date of commencement here
		Proposed Completion Date Enter proposed date of completion here
Amount of loan proposed under section 6 of the Housing (Miscellaneous Provisions) Act, 1992 & and Section 12 of the Housing (Miscellaneous Provisions) Act 2009		€Enter Loan Amount here
Is funding towards capital costs being provided by any other Government Department or statutory agency? If 'YES' provide details Enter Scheme/ Department/State Agency details here.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes Provide Amount Enter other funding here

Section 4		Summary 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 (sanitary ware, kitchen)				
Services (ESB, Gas, Water, Telecoms)				
Total Cost of Project				
Less funding from sources other than CAS				
Total CAS 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 Q1, Q5 and Q6 below
Disability	<input type="checkbox"/>		Please complete Q2, Q3, Q5 and Q6 below
Congregated Settings	<input type="checkbox"/>		Please complete Q2, Q3, Q5 and Q6 below
Older Persons	<input type="checkbox"/>		Please complete Q5 and Q6 below
Care Leavers	<input type="checkbox"/>		Please complete Q4, Q5 and Q6 below
Caretaker/Support Worker	<input type="checkbox"/>		-----
Returned Emigrant	<input type="checkbox"/>		Please complete Q5 and Q6 below
Families	<input type="checkbox"/>		Please complete Q5 and Q6 below
Other	<input type="checkbox"/>		Please complete Q6, and any other relevant question

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

Section 6	Operational Supports
<p>Q1 In the case of Homeless Persons, Is Section 10 funding necessary for the viability of the project?</p> <p>If "Yes", has Section 10 funding been secured?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Q2 Will this application facilitate the housing of people with a disability?.</p> <p>If "Yes", has Section 7 of the CAS1 been completed in full and also signed off by the HSE and the relevant Service Provider?</p> <p>No of persons certified by the HSE as moving from Congregated settings as part of this application.</p> <p>Name & address of the Congregated Setting(s) the people are moving from (please specify unit/house name in the case of large campus)</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><input type="text"/></p>
<p>Q3 Does this project require registration as a Designated Centre (HIQA)?</p> <p>If "Yes", has the Approved Housing Body confirmed to the local authority's satisfaction the cost implications and how these will be met?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Q4 Will this application facilitate the housing of Care Leavers aged 18-21 (or up to 23 if in education or training) at risk of homelessness.</p> <p>If "Yes", has Section 8 of the CAS1 been completed in full and also signed off by Tusla?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Q5 On completion of this project, will HSE/Tusla/OTHER SERVICE PROVIDER support be required on an on-going basis?</p> <p>If "Yes", has the local authority satisfied itself that the HSE/Tusla/ OTHER SERVICE PROVIDER is committed to appropriate funding/support on completion?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>Q6 Has the Local Authority satisfied itself that the economic rent the AHB proposes to charge for the unit is fair and reasonable?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

Certification

I hereby apply for approval of a grant for the loan amount of €_____ specified above. I am satisfied that the project, will, on completion:

- (1) Comply with the terms of Memorandum VHU 2/02 and the Housing (Accommodation Provided by Approved Bodies) Regulations, 1992, Circular Housing 30/2017 and that the cost of the project for which the loan is sought is reasonable and in accordance with The Public Spending Code: Expenditure Planning, Appraisal & Evaluation in the Public Service.
- (2) That it will provide accommodation for persons identified by this authority as in need of housing and that such housing is needed for the categories of persons and locations referred to in this application.
- (3) And I confirm that in submitting this application for funding the local authority is satisfied that the project was appraised and approved to progress having regard to the National Code of Conduct for local authority employees as set out in the Local Government Act, 2001 and Part 8 of Memorandum VHU2/02.

Where the application relates to the provision of housing for people with disabilities, I further certify:

- (4) the proposed project is in accordance with the National Housing Strategy for People with a Disability and with Circular: Housing 45/2015 of 21 December 2015
- (5) That the Approved Housing Body and Service Provider have provided the Certification required in Specific Requirement No 1 of Circular: Housing 45/2015, of consultation by the AHB and Service Provider with the relevant housing authority and the local HSE Social Care Disability/Mental Health Manager/Representative in respect of developing CAS proposals for People with Disabilities.
- (6) That the HSE has certified, in line with Specific Requirement No 2 in Circular: Housing 45/2015, that inappropriate clusters are not being developed in this case, either by one provider or several providers operating in the same geographical area.

Prepared by (print name)		Director of Services/SEO (print name)	
Signature		Signature	
Date		Date	

Checklist	Documents to be enclosed with this form and sent to the Department	
<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) . • Buy & Renew proposals must be accompanied in all cases by a Form BR.1 (where the combined acquisition & refurbishment cost exceed the maximum acquisition threshold the <u>prior approval of the Department is required</u>). • Buy & Renew proposals in excess of the acquisition threshold for the local authority area must be accompanied by a <u>detailed condition survey</u> of the premises undertaken <u>by a suitably qualified competent person</u> to facilitate the most accurate estimation possible of expected remediation costs • 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 		
This form should be completed and sent to the Department as appropriate at either:		
<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 Government, 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>	

One copy of this form should be sent to the AHB as notification of the local authority's approval