

WS 1 Sub.

Application for Group Water Scheme Subsidy

**APPENDIX 1**

**SUBSIDY TOWARDS THE  
OPERATIONAL COSTS OF A  
GROUP WATER SCHEME**

**APPLICATION TO  
LONGFORD COUNTY COUNCIL  
FOR  
SUBSIDY PAYMENT  
(ANNUAL & ADVANCE)  
SUBSIDY A, B & C**

**WS 1 Sub.****Application for Group Water Scheme Subsidy****NOTE:**

This application form should be used to apply for Subsidy A, B and C Annual and Advance subsidy payments. It should be submitted;

- In the case of **Annual Subsidy A & C claims** – by the **30th June** following the year to which the claim relates.
- In the case of **Advance Subsidy A & C claims** – by the **30th June** of the year to which the claim relates.
- In the case of **Annual Subsidy B claims** – by the **30th June** following the year to which the claim relates.
- In the case of **Advance Quarterly payment of Subsidy B**, as early as possible in the year to which the claim relates.

The additional information required for Subsidy B need not be supplied where a group water scheme is only applying for Subsidy A.

**A local authority may seek any further information, documentation or other evidence it may reasonably require to enable it to determine the application.**

**EXPLANATORY NOTES:**

Please read the Terms and Conditions for payment of subsidies before you complete this form.

Parts 1 & 2 together with the Declaration (Part 6) must be completed in all cases. In addition, parts 3, 4 & 5 must be completed in respect of all **Annual** Subsidy Claims.

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**PART 1: GROUP SCHEME DETAILS – TO BE COMPLETED IN ALL CASES**

Local Authority Name: Longford County Council

Year to which this application relates: 2018

Group Water Scheme Name: \_\_\_\_\_

STATUS of Group (Please tick relevant )

Registered Co-op  Limited Company  Other (please specify) \_\_\_\_\_

Co-op or Company Registered Number: \_\_\_\_\_

Co-op or Company Registered Office: \_\_\_\_\_

Group Scheme Secretary or Manager:

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

Position: \_\_\_\_\_ (Secretary or Manager)

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Applying for -**

- Annual Payment Subsidy A
- Advance Payment Subsidy A
- Annual Payment Subsidy B
- Advance Subsidy B Quarterly Payment
- Annual Payment Subsidy C
- Advance Payment Subsidy C

Date of last Annual General Meeting (enclose a copy of the AGM Notice): \_\_\_\_\_

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**GROUP SCHEME BANK ACCOUNT DETAILS - SUBSIDY A PAYMENT**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_  
 BIC No.: \_\_\_\_\_ IBAN No.: \_\_\_\_\_

**GROUP SCHEME BANK ACCOUNT DETAILS - SUBSIDY B PAYMENT**

**(A separate dedicated bank account is required for Subsidy B payments)**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name on Account: \_\_\_\_\_  
 BIC No.: \_\_\_\_\_ IBAN No.: \_\_\_\_\_

**Are arrangements in place for payments to O&M Contractor:**

Yes  No

**GROUP SCHEME DETAILS (SOURCE AND TREATMENT PROVIDED)**

**SOURCE** of supply: Irish Water  Private **Non** DBO   
 Private "Bona Fide" DBO\*

Average daily demand over the past 12 months: \_\_\_\_\_ 000 gals/m<sup>3</sup>

**Water Treatment Provided:** Yes  No

If YES please specify treatment below:-

- "Bona Fide" DBO\* O&M contract:

Name on DBO Contractor: \_\_\_\_\_

Type of Treatment: \_\_\_\_\_

- Other:  Provide details (including name of Contractor, if applicable) below;

\_\_\_\_\_  
 \_\_\_\_\_

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**PART 2: QUALITY ASSURANCE, CHARTER OF RIGHTS AND WATER CONSERVATION – TO BE COMPLETED IN ALL CASES**

**QUALITY ASSURANCE (QA) SYSTEM**

Is QA being implemented: Yes  No

Training Sought: Yes  No

Type of QA System: \_\_\_\_\_

***Confirmation must be available for inspection.***

**CHARTER OF RIGHTS**

Adopted: Yes  No  Date of adoption : \_\_\_\_\_

***Confirmation of adoption must be available for inspection.***

**WATER CONSERVATION MEASURES**

Is the scheme implementing Water Conservation Measures - Yes  No

Please indicate the Water Conservation Measures undertaken (tick below as appropriate);

- |   |                          |  |                          |  |                          |
|---|--------------------------|--|--------------------------|--|--------------------------|
| Proactive Leak<br>Detection & Repair.       | <input type="checkbox"/> | Usage Based Billing.                     | <input type="checkbox"/> | Member Communications                  | <input type="checkbox"/> |
| Bulk Meter<br>Installation &<br>Monitoring. | <input type="checkbox"/> | Telemetric Monitoring<br>of Bulk Meters. | <input type="checkbox"/> | Water Audit.                           | <input type="checkbox"/> |
| Metering of Individual<br>Connections.      | <input type="checkbox"/> | Mains Refurbishment<br>& Replacement.    | <input type="checkbox"/> | Valve Replacements &<br>Installations. | <input type="checkbox"/> |

Other (please specify):

**FOR ANNUAL SUBSIDY CLAIMS PLEASE GO TO PART 3**

**FOR ADVANCE SUBSIDY CLAIMS PLEASE GO TO PART 6 (DECLARATION)**

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**PART 3: GROUP SCHEME DETAILS (CONNECTIONS AND VOLUME SUPPLIED) – TO BE COMPLETED IN RESPECT OF ANNUAL SUBSIDY PAYMENTS**

**NUMBER OF CONNECTIONS TO THE SCHEME (for the year to which the claim relates): COMPLETE FOR BOTH SUBSIDY A & SUBSIDY B.**

*(List of consumers and types of connections must be enclosed with application form – See Part 4)*

Type of Connection	Number
Domestic Only	
Domestic and Land/Business (combined/mixed use connections)	
Land/Business Only	
Other (e.g. Schools etc.)	

**DETAILS OF DOMESTIC WATER SUPPLIED BY THE GROUP FOR YEAR ENDED**

**31 December 20\_\_\_\_.**

Category	Volume	Units (delete as appropriate)
Total Domestic Water Supplied		m <sup>3</sup>
Average Domestic Use		m <sup>3</sup>
Non-Domestic Use		m <sup>3</sup>
Estimated Unaccounted For Water		m <sup>3</sup>

**Based on:**

- Metered Usage Reading
- Estimated Usage

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**APPROVED AND SIGNED AUDITED ACCOUNTS MUST BE ENCLOSED IN ACCORDANCE WITH A7 IN THESE TERMS AND CONDITIONS. WHERE AUDITED ACCOUNTS ARE INCLUDED AS PART OF A CLAIM PLEASE PROCEED TO PART 4.**

**FOR SMALLER SCHEMES WHERE AUDITED ACCOUNTS ARE NOT REQUIRED (E.G. SCHEMES BELOW THE DRINKING WATER MONITORING THRESHOLD), A STATEMENT OF ACCOUNTS TOGETHER WITH SUPPORTING DOCUMENTATION (E.G. PAID INVOICES) WILL BE ACCEPTABLE TO THE LOCAL AUTHORITY, HAVING REGARD TO THE NATURE AND AMOUNT OF THE EXPENDITURE INVOLVED**

<b>No.</b>	<b>Cost Item</b>	<b>Amount</b>
1.	Operational monitoring of water quality	€
2.	Compliance monitoring of water quality	€
3.	All treatment and disinfection consumables (Non DBO)	€
4.	The implementation of a Quality Assurance System	€
5.	Relevant training of personnel in the management and operation of water supply systems	€
6.	Maintenance of Source Protection measures	€
7.	Affiliation fees for NFGWS	€
8.	All other operational costs	





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**PART 5: CHECKLIST OF ITEMS THAT MUST BE SUBMITTED IN RESPECT OF THIS CLAIM – TO BE COMPLETED IN RESPECT OF ANNUAL SUBSIDY PAYMENTS**

Full listing of all scheme members at end of year to which claim relates. Listing should distinguish the type of member – Domestic only; Domestic and Land/Domestic and Business (i.e. combined/mixed use connections); Land/Business only; Commercial/Other.	
Signed and approved Audit Accounts for the year to which the claim relates (for smaller schemes see A7 of the Terms and Conditions).	
Evidence of tax clearance from Revenue	
Copy of Notice of last Annual General Meeting	
Confirmation provided that there is No Standing or Flat Rate charge in respect of Domestic Consumers (e.g. a copy of a domestic member bill)	
Confirmation of adoption of the Charter of Rights and Responsibilities for Members of GWS	
Documentary evidence as necessary in relation to Subsidy C	

**WS 1 Sub.**Application for Group Water Scheme Subsidy**PART 6: DECLARATION OF OFFICERS – TO BE COMPLETED IN ALL CASES**

We the Officers of \_\_\_\_\_ Group Water Scheme apply for the Advance / Annual (delete as appropriate) subsidy payment(s), set out in this application, towards the operational costs of \_\_\_\_\_ Group Water Scheme in respect of the year ended 31/12/2018

We direct that payment be made to the group's bank account as detailed in Part 1.

We declare that

- The Group Scheme is compliant with the terms and conditions for payment of subsidy as set out in these Terms and Conditions,
- The Information provided is correct to the best of our knowledge and belief and, in our opinion, the scheme's accounts, which show expenditure of €\_\_\_\_\_ give a true and fair view of the operational costs of the scheme for the period in question and the scheme keeps proper books of account,
- We undertake responsibility for accepting the subsidy on behalf of group water scheme members for the purpose of defraying operational costs,
- We are aware that future advance payments of subsidy will be based on information supplied in this application and we will notify the relevant authority of any significant change which might affect entitlement to same,
- In the case of **Annual** Subsidy Claims, the list of members supplied with this application is an up to date listing of all members on the scheme for the year to which this claim relates,
- There is no standing or flat rate charges for domestic consumers.

Signed: \_\_\_\_\_  
Position: Chairperson (Name in Block Capitals)

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

Signed: \_\_\_\_\_  
Position: Secretary/Manager (Name in Block Capitals)

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

Signed: \_\_\_\_\_  
Position: Treasurer (Name in Block Capitals)

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