**Expression of Interest for Inclusion in the**

**Outdoor Recreation Infrastructure Scheme 2024/25**





Please complete this Expression of Interest form

and return it to

Longford County Council Regeneration Department

**Outdoor Recreation Infrastructure Scheme 2024/25**

**Location:
(Please provide a map showing the location of
the works that are to be completed)**

**Total Project Costs:**

**Amount of Funding Requested:**

**Applicant Group:**

**Applicant Contact Name:**

**Applicant Contact Address:**

**Applicant Telephone Number:**

**Applicant Mobile Number:**

**Applicant Email Address:**

**List all other stakeholders involved in this**

**application:**

1. **Has funding for this project ever been sought from other sources?** [ ]  Yes [ ]  No

**(If "YES" yes please specify from what source and if funding was provided)**

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1. **Please confirm that the planning consents are in place, e.g. planning permission/Part 8 planning consent: (include Planning Reference Number)**

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1. **Do you own or have the written consent of the landowner?** (If on Coillte or within 200m of NPWS lands please provide evidence of the consent of the organisation)

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1. **Please provide a clear and concise description of the proposed project:**

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| **Include details on how it is intended to provide ongoing maintenance of the project?** |

1. **Outline how the project supports climate action and/or biodiversity:**

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1. **Outline how the project will support an inclusive approach or enhance opportunities for people with disabilities and is in line with the Universal Design Principles:**

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1. **Please detail how the proposed project addresses an identified need.**

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1. **What are the overall objectives of the proposed project (up to 5 bullet points) and how will the intended outcomes be measured? (Please identify any metrics or benchmarks that will be applied).**

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| Objectives: 1.2.3.4.5.How the intended outcomes will be measured: 1.2.3.4.5. |

**Detailed Costings for the Proposed Project:**

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| --- | --- |
| **Project Elements\***(provide details of each element) | **Cost (inc. VAT)** |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
|  | € |
| **Local authority costs** (if applicable) |  |
| 1.  | € |
| 2.  | € |
| 3. | € |
| 4. | € |
| **Professional fees**(e.g. architectural, engineering, survey costs)  | € | % of total project cost:   |
| **Contribution in Kind** (if applicable) (\*\*Please ensure an equivalent figure is set out below) |  |
| **1.** | € |
| **2.** | € |
| **Total Project Cost (sum of project elements costs)** | €  | *Must equate to the ‘Total*  *Project Cost’ field below* |
| **Grant Aid amount sought**(Max of 90% of total project costs)  | € | % of total project costs: |
| **Match Funding:** (Min 10% of total cost) Included in project elements listed above  | € | % of total project costs: |
| **Total Project Cost (Grant aid + Match Funding)** | €  | *Must equate to the ‘Total Project Cost’ field above* |
| **Breakdown of Match Funding** |  |
| **Amount of Cash Contribution**(Minimum 5% of total project costs) | € | % of total project costs: |
| **Supplied by** (LA/LDC/Community/Philanthropic) |  |
| **\*\*Value of Contribution in Kind:**(Max 5% of total project costs) | €  | % of total project costs:  |

**DECLARATION**

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| **I hereby confirm that I have read and understand this document. I request that consideration be given in support of the project as outlined above.****Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |