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| **SOUTH EAST AREA FISHERIES LOCAL ACTION GROUP**  **European Maritime and Fisheries Fund (EMFF)**  **EXPRESSION OF INTEREST FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **COMPLETING THIS FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please use this Expression of Interest form so that the South East Area FLAG can assess the suitability and eligibility of your project for the FLAG grant scheme.  While your Expression of Interest form will be treated as confidential, please be aware that information included in your Expression of Interest form may be circulated to FLAG board members and/or Department of Agriculture, Environment and Rural Affairs (DAERA) for initial comment or suggestions. Your identity will be protected is such instances.  Please refer to the **Expression of Interest Guidance Note** for help on how to fill out this form and contact the FLAG if you need any help. Please give us as much information as you have at this stage. We may need to contact you to seek more information if we don’t have enough to assess the eligibility, which could delay the process.  Certain applicants may not be eligible to apply for EMFF grant funding – please see the Expression of Interest Guidance Note for more information.  Please contact the South East Area FLAG if you would like more information or wish to discuss before completing this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EXPRESSION OF INTEREST - APPLICATION QUESTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.1 Title** | |  | | **1.2 First Name** | | | | |  | | | **1.3 Last Name** | | | |  | | | | | | | | | | | |  |
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| **1.4 Contact Address**  Including full Postcode | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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| **1.5 Telephone Number** | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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| **1.6 Mobile Number** | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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| **1.7 Email Address** | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
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| **1.8 Do you have an alternative contact, including agents, you would like us to use?**  If Yes, provide details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title |  | | First Name | | | | |  | | | | | | Last Name | | | | | |  | | | | | | | |  |
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| Relationship to you | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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| Contact Address  Including full postcode | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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| **1.9 Organisation Name (if applicable)** | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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| **1.10 Type of Organisation**  See the table below for the key which gives each organisation type a number. If your organisation type is not in this list, write the number 17 and your organisation type in this box. | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  |
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| 1. Sole Trader 2. Joint Partnership 3. Private Company 4. Fishermen's association 5. Port authority – Public 6. Port Authority - Private | | | | | | | 1. University or training establishment 2. Government Department 3. Local Authority 4. Producer Organisation 5. Inter-Branch Organisation 6. Public Body | | | | | | | | | | 1. Non-government Organisation 2. Enterprise Company 3. Charity - Public 4. Charity - Private 5. Other | | | | | | | | | | | |
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| **1.11 Is your organisation a public or private body?** Tick only one box. | | | | | | | | | | | | | Public body | | | | |  | | | Private body | | |  | | | |  |
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| **1.12 Organisation Registration Number (if applicable)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
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| **1.13 Value Added Tax (VAT) Number (if applicable)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
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| **1.14 Project name**  This should be a short title for us to use in correspondence. | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **1.15 Project duration** | | | | | | Start date (DD/MM/YYYY) | | | | |  | | | | End date(DD/MM/YYYY) | | | | | | |  | | | |  | | |
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| 1.16 FLAG Priorities | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick which South East Area FLAG Local Development Strategy (LDS) priority your project aligns with:   |  |  |  | | --- | --- | --- | | 1. Adding value, creating jobs, attracting young people and promoting innovation at all stages of the supply chain of fishery and aquaculture products |  |  | | (b) Supporting diversification inside or outside commercial fisheries, lifelong learning and job creation in fisheries and aquaculture areas |  | | (c) Enhancing and capitalising on the environmental assets of the fisheries and aquaculture areas, including operations to mitigate climate change |  | | (d) Promoting social well-being and cultural heritage in fisheries and aquaculture areas, including fisheries, aquaculture and maritime cultural heritage |  | | (e) Strengthening the role of fisheries communities in local development and the governance of local fisheries resources and maritime activities |  |   Please write an explanation of how your project meets the priority you selected including:   * How well it fits the priority and the targets as shown in the priority tables in the LDS * How does it support job creation/safeguarding and economic growth * The wider benefits to the coastal and/or fishing communities in the FLAG area * If there are any environmental benefits or reduction in environmental impacts   1.16 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Briefly tell us the specifics of your project. What are you aiming to achieve, what your project involves and the associated costs. Your summary should include reference, where relevant to:- **Market Need and Demand**  What is the need and demand for the project- please include any evidence you may have.  Will there be an impact on other businesses and will you take any mitigation measures if necessary?  If you are creating a product or business- can you identify your potential buyers and supply chain?  **Value for Money**  How do your outputs meet the FLAG targets in the LDS and are your outputs realistic?  Why are you applying for FLAG funding- will your project go ahead without this funding?  How developed are your project plans?  **Capacity to Deliver**  Who will manage and deliver the project? What are the relevant skills within the project team to do this? Have you delivered similar projects before?  Are there any known risks at this stage to the delivery of the project?  If you need planning permission and licences to carry out the work- what is the status of them? (E.g. approved, approved in principle, submitted or not yet submitted)  **Please do not be put off applying if you do not have the answers to all these questions at this stage. We are simply asking you for as much information as you have so far. The FLAG team are happy to help with comments, suggestions or advice to develop the project once the EOI has been submitted.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is your total project cost?** This is the complete cost of your project. | | | | | | | | | | | | | | | | | | | | **£** | | | | | |  | | |
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| **How much grant funding are you applying for?** This is the amount of funding you are applying for. See grants rates table for details of how much you could apply for. | | | | | | | | | | | | | | | | | | | | **£**  **%** | | | | | |  | | |
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| **WHAT TO DO NOW**  For further help on filling out this form, please contact the South East Area FLAG using the details below. Please submit this form either by email or post to;  South East Area FLAG  Newry Mourne and Down District Council  Downshire Civic Centre  Downshire Estate  Ardglass Road  Downpatrick  BT30 6GQ  E-mail: Ciara.Toman@nmandd.org  Tel: 0300 013 2233 ext 2500  Once we receive your expression of interest we will complete checks to determine if you are potentially eligible to apply for funding. We will provide you with reasons why your project is or is not eligible within 10 working days of receipt of your expression of interest provided all necessary information has been provided.  **An invitation to submit a full application does not mean your project is definitely eligible or that funding will be awarded. This can only be decided when a fully completed application has been appraised.**  **Please sign below once you are satisfied that you have completed the form correctly.**  **Print name of applicant**      **Signature of applicant**    **Date (DD/MM/YYYY)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |