

Northern Ireland Rural Development Programme 2014-2020 LEADER application form for
RURAL BASIC SERVICES SCHEME (including technical assistance)

MID AND EAST ANTRIM LOCAL ACTION GROUP

**IMPORTANT
MANDATORY REQUIREMENTS AT APPLICATION STAGE :**

1. **YOU MUST HAVE BEEN INVITED BY MID AND EAST ANTRIM LOCAL ACTION GROUP TO SUBMIT AN APPLICATION FORM TO THE RURAL BASIC SERVICES SCHEME, **BETWEEN 10AM ON 30 MAY 2017 AND 3PM ON THE 1ST SEPTEMBER 2017.** IF YOU WERE NOT INVITED TO SUBMIT AN APPLICATION IT WILL BE DEEMED INELIGIBLE AND WILL NOT BE PROCESSED.**
2. **YOU MUST HAVE A BUSINESS PLAN (NOT REQUIRED FOR TECHNICAL ASSISTANCE)**
3. **YOU MUST HAVE FULL PLANNING PERMISSION (IF APPLICABLE)**
4. **YOU MUST HAVE ATTENDED A LAG PRE-FUNDING WORKSHOP**
5. **YOU MUST FULLY COMPLETE THIS APPLICATION FORM**
6. **YOU MUST PROVIDE THE NECESSARY QUOTATIONS AND / OR TENDERS**
7. **YOU MUST PROVIDE EVIDENCE OF ALL MATCH-FUNDING**

GUIDANCE NOTES ARE PROVIDED TO HELP YOU WITH THE APPLICATION PROCESS AND QUESTIONS. YOU MUST READ THESE CAREFULLY BEFORE COMPLETING THIS APPLICATION FORM.

INFORMATION

Part or all of the information you provide will be held on computer by DAERA. This information will be used for the administration of applications and production of monitoring returns. Local Action Groups may share information with each other and with Government Departments/ Agencies for the prevention of fraudulent applications, detection of crime and to co-ordinate the processing of complementary applications.

DAERA fraud hotline number: freephone 0808 100 2716

For Official Use Only

Application Number:
Scheme: Received By:
Date Received:
(must be date stamped on arrival)

SECTION 1 -SCHEME AND APPLICANT DETAILS

Q1 Programme Scheme

Confirm that you are applying to the Rural Basic Services Scheme

Q2 Applicant Name *(organisation applying for funding)*

Title

First Name

Surname

Organisation Name

Position within organisation

Age

Gender

Q3 Co-applicant Details *(if applicable)*

If you are applying as part of a group or partnership, please provide the name, address and organisation details for each co-applicant. (Refer to Guidance Note Q3)

Co-Applicant number 1

Name

Position & Organisation

Address

Co-Applicant number 2

Name

Position & Organisation

Address

Co-Applicant number 3

Name

Position & Organisation

Address

Q4 Applicant Type

(a) Select the legal status or trading arrangement category which best describes your organisation (only select one then go to part (b))

(b) Is the organisation formally registered with Companies House ? Yes No

If 'No' go directly to Q4, Part (f)

(c) If 'Yes', please select the registered status of the organisation (select only one)

(d) Provide all of the registration number(s) for the organisation

Unique Organisation Number

Charity Number (HMRC)

Companies House Registration Number NI

(e) Provide the **registered** name of the organisation

(f) If not formally registered, does the organisation operate under a constitution document agreed by its members ? Yes No

(If 'Yes' refer to guidance note Q4 for limit on grant aid available to unregistered organisations)

Q5 Other Public Body Applicants

Please select the type of Public Body that best describes your organisation (only select one)

If you have chosen Other, please describe your organisation below

Q6 Applicant Contact details

(a) Does the organisation hold a DARD Business ID ?

Yes

No

If 'No', go to Q6 Part (c) (b) If 'Yes' what is the DARD Business Number ?

(i) Are you named as head of this Business ID ?

Yes

No

(ii) If 'No', are you named as a member of the Business ID ?

Yes

No

(c) Organisation address

Address line 1

Address line 2

Town

County

Postcode

(d) Contact Details for the Organisation (if different from Q2)

Contact Name

Email address

Landline number

Mobile number

(e) Correspondence address (if different from that recorded at (d) above)

Address line 1

Address line 2

Town

County

Postcode

SECTION 2 - THE PROJECT

Q7 Project Location

(a) Is the project located at the applicant address provided at Q6 (c) ?

Yes

No

(b) If 'No', provide the project address

Address Line 1

Address line 2

Town

County

Postcode

(c) Does the applicant own the property where the project will be located ? Yes No

(d) If no, does the applicant have an agreed lease in place for the property where the project will be located ? Yes No

(i) If 'Yes', how long is the lease for ? (months/years)

(ii) When does the lease expire ? (dd/mm/yyyy)

(iii) If there is no agreed lease in place, explain the current arrangements, or the arrangements to be put in place ?

(e) Are there any existing legal charges/debentures registered against the property where the project will be located ? Yes No

(You will be required to provide a formal statement from your legal representative regarding existing legal charges/debentures during the assessment process)

Q8 Type of Project

Select which category best describes your project

Q9 Title of Operation/Project

Provide the title for the operation/project which reflects the nature of the activity to be supported

Q10 Operation/Project Description and Outputs

(i) Provide a brief and concise description of the proposed operation/project, demonstrating how the capital project will contribute towards achieving the aims of the Rural Basic Services Scheme.

(Maximum 4000 characters - 600 words approximately)

(ii) Highlight the core elements of your proposed project, ie the nature and range of the services it seeks to deliver and summarise the outputs / benefits that will be delivered as a result of the proposed investment. Describe what innovative solutions are proposed to address access to a number of services at a local community level.

(Maximum 4000 characters – 600 words approximately)

(iii) Will the proposed investment in the project result in the creation of new jobs? Yes No

If yes, complete the boxes below to indicate the type(s) of jobs to be created and the number of full time and part time jobs within each category. **The jobs must be created within 2 years.**

Job Category	Number of Full time jobs	Number of Part time jobs
Professional occupations		
Managers, directors and senior partners		
Associate professional & technical occupations		
Skilled trades occupation		
Process, plant, & machine operatives, administration & secretarial occupations		
Sales & customer service occupations, elementary occupations, caring, leisure and other service occupations		
Total number of new jobs to be created		

(iv) In addition to the outputs / benefits that you have indicated will be achieved, quantify the scheme targets that your project will contribute to in the relevant boxes below.

Scheme Target	Number to be achieved
Number of people benefitting from improved services/infrastructure	
Number of participants in bespoke training	
Number of projects supported for investments in local basic services for the rural population	

Q11 Project Timescales

- (i) Are you ready to start the project ? Yes No
- (ii) If 'No', when do you plan to start project ? (dd/mm/yyyy)
- (iii) How long will it take to complete the project ? (months/years)

SECTION 3 - PROJECT FINANCE

Q12 Project Items/Activities and Grant Required

Enter the details of the items/activities for which you require funding.

When submitting the application you must include the necessary quotations and/or tenders, on headed paper to substantiate the Total Project Cost. (Refer to guidance note Q12)

Item/activity description	Capital or resource	Cost per item	Quantity Sought	Total cost Ex VAT	Total cost Incl VAT
---------------------------	------------------------	---------------	--------------------	----------------------	------------------------

*Refer to Guidance Note Q12
for definition of capital/
resource*

Total Project Cost

Continue on separate sheet if necessary

Q13 VAT Status of the Applicant and the Project

(i) Is the organisation VAT registered ? Yes No

If 'Yes', please provide the VAT registration number

(ii) If the organisation is not VAT registered, is any element of the project likely to be VAT exempt due to the nature of the project ? Yes No

If 'Yes', which element(s) and provide an explanation for the VAT exemption

*Refer to guidance note Q13. It is vital that the applicant is fully aware of the VAT implications for the project prior to submitting an application. **When calculating the Grant amount requested at Q14 below, only use the total cost of the item(s) including VAT if the business or organisation is not VAT registered.***

Q14 Total Grant Sought

Please enter the amount of grant you wish to apply for in respect of

Capital items

Resource items

Total grant sought

Q15 Project Sources of Funding

(i) Have you applied for funding in respect of this project from any other funding body ? Yes No

(ii) Will any other public sources of funding be available to the project ? Yes No

(iii) **Match Funding**

Please provide details below of all match funding available for your project. This means funding being provided by you/your organisation or from any other source (Refer to Guidance Note Q15).

Source/Name of Funder	Funding amount	Current status*
-----------------------	----------------	-----------------

Total Private Eligible Funding

(iv) Match Funding – Public Eligible

Please provide details below of all public match funding available for your project. This means funding being provided from any other public source e.g. Local Council, National Trust, Lottery etc (Refer to Guidance Note Q15)

Source/Name of Funder	Funding amount	Current status*
-----------------------	----------------	-----------------

Total Public Eligible Funding

*e.g. already agreed/under consideration etc

SECTION 4 - PREVIOUS FUNDING, STATUTORY AND OTHER RELEVANT INFORMATION

Q16 Previous Funding

(i) Please provide details of any grant (s) that the organisation has previously been awarded

Name of Funding Programme/Body	Amount (£)	Date Awarded (dd/mm/yyyy)
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

You may be required to provide evidence of any previous funding at a later date

(ii) Has the organisation ever had grant aid withdrawn?	Yes	No
---	-----	----

Q17 Statutory Approvals

(i) Is full planning permission in place for your project ?	Yes	No	N/A
(ii) Are all other required appropriate Statutory Approvals / permissions for your business currently in place ?	Yes	No	

(iii) If 'No', please provide details of those still required (maximum 200 characters)

Q18 Ongoing Investigations or Litigation Cases

(i) Are there any ongoing investigations or litigation cases associated with your organisation? Yes No

If 'Yes', please provide details (maximum 200 characters)

Q19 Attendance at LAG Funding Workshop

(i) Date of funding workshop attended (dd/mm/yyyy)

(ii) Name of person(s) who attended the funding workshop

(iii) Position held within organisation

Now complete the applicant declaration

Applicant Declaration

By submitting and/or agreeing to the submission of the application form I agree to the following declaration;
If you can't agree to all of the 8 declaration statements then you cannot submit a form.

1. I am 18 years old or over,
2. I am authorised to submit this application,
3. To the best of my knowledge, all information provided is true and complete and if successful, I am prepared to share the outcomes/results of my project with interested parties,
4. I have read the Scheme measure sheet and understand the purpose of the investment support offered, the expected outcomes and results from the funding provided and the implications for grant clawback if the project fails to achieve the agreed targets,
5. I have read the application guidance notes and the Department's statement on Data Protection, Freedom of Information and Equality contained within,
6. I have attended one of the LAG funding workshops,
7. I have researched the need for this project, expected costs and outcomes in detail and prepared a business plan (not required for Technical Assistance) to support this application,
8. I will facilitate a project site visit and provide additional information within the timescale set by the Local Action Group's request, as necessary for the assessment of the project application.

Documents checklist.

Have you included / uploaded all relevant documents with your Application Form?

- | | | |
|---|-----|----|
| (a) Business Plan (not required for Technical Assistance) | Yes | No |
| (b) Necessary Quotations and/or tenders | Yes | No |
| (c) Planning Permission (if Applicable) | Yes | No |
| (d) Evidence and source of all match funding | Yes | No |

All of these documents **MUST** be submitted with your application form or provided to the LAG by the closing date of the call. Failure to do so may render your application ineligible with no right of review.

If you would NOT like to join the Rural Network, please tick this box . Otherwise we will add your contact details (name and e-mail address) to the Rural Network database and you will receive updates on Network activities.

WARNING

To knowingly or recklessly make a false statement to obtain aid for yourself or anyone else, will lead to disqualification, liability to refund any aid already paid and possible prosecution.

The information provided on this form may be made available to other Departments/ Agencies for the purposes of preventing and detecting crime.

Submission of this Application Form confirms you have read and understand the above warning.

Signed

Date

On behalf of (Organisation)

Position held

Co-applicant organisation

Signed

Date

On behalf of Organisation

Position held

Submitting your Rural Basic Services Scheme application

Please check that you have completed all relevant sections of the form and saved it.
You can re-open and make further changes prior to e-mailing the final version

Please e-mail your completed form to **leader.applications@daera-ni.gov.uk**

Electronically completed and submitted versions of this Rural Basic Services Scheme application are preferred.

Click [here](#) for guidance on how to add an attachment to an email.

If you have any queries on the scheme, or would prefer a paper version of this form, you can email RDDLeader@daera-ni.gov.uk or call 0300 200 7849

You should save this form on completion