

 **Oweninny Community Benefit Fund Scheme 2021**

**APPLICATION FORM**

Oweninny Power Designated Activity Company has developed a wind farm at Oweninny, Bellacorick Co. Mayo. A Community Benefit Fund has been established as a condition of planning consent.

TheOweninny Community Benefit Fund Schemeis managed by Mayo County Council, who have established a representative Board of Directors to oversee the Governance of the Fund.

Applications are sought from clubs, associations, and other groups in the locality whose work will support community-based initiatives and improvement projects.

Applications will be evaluated in line with Mayo County Council’s policy on community benefit contributions required for certain major developments.

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| **SECTION 1 - APPLICANT DETAILS:** |
| **ORGANISATION / GROUP** **Name:****E mail:****Phone:****Postal Address:****Eircode Number:**  |  |
| **PPN membership confirmation: Please tick.** | **Yes:** | **No:** |
| **CHAIRPERSON NAME:****E mail:****Phone:****Postal Address****Eircode Number:** |  |
| **Contact Person for this application.****Name:****E mail:****Phone:****Postal Address:****Eircode Number:** |  |
| **Group’s Website address / social media accounts** |  |
| **Please provide a brief overview of your Organisation/ Group. Describe its day-to-day activities, its structure and its funding. (Max 100 words)** |
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| **Is your group registered as a charity?****If yes, please provide your group’s charity number (CHY No.):** |
| **Charity number (CHY No.):** |
| **Do you have a Tax Reference Number (TRN) and a Tax Clearance Access Number (TCAN)****If yes, please provide details.** |
| **TRN:****TCAN:** |

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| **SECTION 2 – DETAILS OF PROPOSAL / PROJECT:** |
| **What is the title of your proposal / project?** |
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| **What is the timeframe of your proposal / project?** |
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| **Please provide a brief summary of the project / proposal (Maximum 150 words)**  |
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| **Please provide any evidence of need for the project (See point 8 on attached guidance document for further guidance) (Maximum 100 words)** |
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| **Please provide details of the target audience (e.g., children/adults/families/older people/ people with disabilities /new communities): (Maximum 100 words)** |
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| **Please provide details of the location of the project and its target area: (Max 100 words)** |
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| **Please describe the anticipated outcomes/ benefits of your proposal to the Oweninny area and its communities: (Max 100 words)** |
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| **Please provide itemised breakdown of the estimated costs of the proposal:(Max 100 words)** |
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| **Total Estimated Cost:** |  |
| **Total sought from Oweninny Community Benefit Fund:** |  |
| **Total income from other sources (if any):** |  |

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| **Please provide details of your capacity to deliver this project (EG - of similar projects, previous experience, skills within your Board): (Max100 words)** |
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| **APPLICANT STATEMENT****(Must be signed by the Chairperson, Secretary, Treasurer or other authorised representative of the organisation making the application)** |
| **I confirm that I have read the Scheme guidelines, the GDPR requirements and that I understand the Scheme guidelines and GDPR requirements.** **I also confirm that I have completed all relevant sections of this application form and I confirm that all information provided is accurate and truthful.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name: Signature Printed****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Position: Date:** |
| **Please submit completed form to Jim Power by email to** Oweninnycbf@mayococo.ie**Closing date 5pm Friday 30th of April 2021.** |