

**Rest of County 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 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: (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 by email to** [**oweninneycbf@mayococo.ie**](mailto:oweninneycbf@mayococo.ie)  **Closing date 5pm Friday 2nd of July 2021.** |