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**Rural Development Programme 2014 – 2020 LEADER**

**Expression of Interest (EOI) Form**

**LAG Name: Wicklow LCDC**

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| **Completion Guidance Notes:**   * Please complete this form in full. **All fields are mandatory.** * This form can be downloaded or printed from the County Wicklow Partnership website [www.wicklowpartnership.ie](http://www.wicklowpartnership.ie) and should be emailed to [info@wicklowpartnership.ie](mailto:info@wicklowpartnership.ie) * A Rural Development Officer from the CWP will contact you when your **Expression of Interest Form** has been reviewed. * Wicklow Local Community Development Committee (LCDC) determine eligibility and make awards of grant assistance. EOIs that are determined as being eligible will be invited to progress to submit an application. Eligible applications may not all be successful in being awarded grant aid. * If you require assistance in completing this form please contact County Wicklow Partnership on   0402 20955 or email [info@wicklowpartnership.ie](mailto:info@wicklowpartnership.ie) |

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| **Rural Development Programme (Leader) 2014 – 2020**  **Expression of Interest (EOI) Form**  **GENERAL INFORMATION**  **All Fields are mandatory and must be completed.** | | |
| **Project Name / Title:** |  | |
| **Promoter’s / Community Groups Name:** |  | |
| **Promoters Lead / Main Contact Name:** |  | |
| **Promoters Main Telephone No.:** |  | |
| **Promoters E-mail Address:** |  | |
| **Promoter’s Address:**  **\*INCLUDE EIRCODE** |  | |
| **Promoter Type:**  (Individual, Community Group, Organisation, Other) | **Classification of Promoter:**  *Tick as appropriate*  Sole Trader  Community Council  Farmer(If Yes Herd No. is required below)  Trust  Formalised Community/Voluntary group  Partnership  Companies Limited by Guarantee  Limited Company  Designated Activity Company limited  Private Individual  by shares  Registered Charity  Co-operative society registered under the Industrial & Provident  Societies Act  Other | |
| **Herd Number:** |  | |
| **Has Promoter / Community Group received Leader funding previously?**  **Please tick one** | | YES NO |

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| **PROJECT INFORMATION** | |
| **Project Address:** |  |
| **Estimated Project Costs:**  (Total estimated costs) |  |
| **Please give a brief description of the proposed project.**  [Please use additional sheet and attach to this form if required.] | |
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| **Signed for and on behalf of the Promoter / Group:**  I/ We confirm that the details supplied are true and correct to the best of my/our knowledge  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name in Block Capitals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Part or all of the information you provide will be held on computer and hard copy format. This information will be used for the administration of Expression of Interests and producing monitoring returns. LAG’s may share information with each other and government departments/agencies to enable them to prevent fraudulent applications or for detecting crime and to co-ordinate processing of complementary applications. It may also be subject to meeting obligations under the Freedom of Information Act as amended.  This policy does not affect your rights and your information will be held as prescribed under the Data Protection Acts 1988 and 2003. |

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| **For Office Use Only:**  **EOI Ref ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Generated from RDP IT System)  **Call Type:** (Rolling / Time Limited) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Main Programme Theme**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **CWP Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Printed name of CWP Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date form Received from Promoter in CWP**: \_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  | | --- | --- | | **RDO Follow Up** |  | | **RDO Signature** |  | | **Date:** |  | |