







Expression of Interest Form Project Development Measure Town & Village Renewal Scheme 2025



Please complete this Expression of Interest form and return it to townandvillage@clarecoco.ie

By Friday 30th May 2025 at 4pm

Town/Village covered:							
Please indicate which category of funding is being applied for:							
Category 1 Towns/Villages with Population of 5,000 or less	Category 2 Towns/Village Population of 5,001-10,000	s with	Category 3 Towns/Villages with Population up to 15,000				
Amount of Funding Requested:							
Applicant Group:							
Applicant Contact Name:							
Applicant Contact Address:							
Applicant Telephone Numbe	r:						
Applicant Mobile Number:							
Applicant Email Address:							

1.	Has funding for this project ever been sought from other sources? (If "YES" yes please specify from what source and if funding was provided)
2.	Who are the specific project stakeholders/community partners in this project? (Chamber of Commerce, Community group, etc.).
3.	Have you discussed your proposal with any of the following before submitting this Expression of Interest
	i. Rural and Community Development Officer
	ii. Town Regeneration Officer
4.	Project details:

/hat is the objective of the proposed project and how will the intended outcomes be measured? Please identify any metrics or benchmarks that will be applied).
In accordance with the Scheme outline projects should align with a Town Centre First Plan, County Development Plan, Local Economic and Community Plan (LECP), or other relevant strategic/statutory plans. Please outline how your proposed project aligns with a specific plan for your town or village.

Town & Village Renewal Scheme 2025 – Expression of Interest Project Development Measure

7. Project Costings

Please provide a detailed breakdown of <u>all elements</u> of the proposed works including any professional fees/costs/signage etc : (please add additional rows for costs as required)

Project Element	Estimated Cost (inclusive of VAT)
1.	€
2.	€
3.	€
4.	€
Local Authority Costs, (if applicable)	
1.	€
2.	€
Total Project Cost	€
Grant Aid amount sought: (Max of 90% of total project costs)	€
Match Funding: (Min 10% of total cost)	€
To be supplied by:	
Any other relevant information:	

DECLARATION

I hereby confirm that I have read and understand this document. I request tha consideration be given in support of the project as outlined above.
Signature
Position
Date