

LOCAL ENHANCEMENT PROGRAMME 2026 (LEP) - CAPITAL FUNDING

* Question is required for completion of application.

Registration Details

First Name

Last Name

Email Address

Section 1: Your Organisation

1* Name of Group/Organisation:
(This must be the official name of your Group as per your Bank Statement & Supplier Details held by Galway County Council for payment purposes)

2 Address of Group/Organisation:

3 Eircode of Group/Organisation:

4 Contact name:

5 Role in Group/Organisation:

6 Mobile Number:

7 E-mail address:

8 Alternative Contact name:

9 Role in Group/Organisation:

10 Alternative Mobile Number:

11 Alternative E-mail address:

12 Group/Organisation Website or Social Media Link:

13 What year was your Group/Organisation established?

14* Legal Status of your Group/Organisation:
(Circle your selected answer)

- a) Non-Profit Community/Voluntary Group
 - b) Company Limited by Guarantee (CLG)
 - c) Registered Charity
 - d) Other
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14.D.1 If other, please state: *(Complete question if you answered 'd' for Q14)*

15 Tax/Charitable Status Information:
(Circle your selected answer)

Please choose which is relevant and provide Tax Reference Number/Access Number or Charitable Status Number

- a) Tax Reference Number
 - b) Charitable Status Number
 - c) N/A
-

15.A.1 Please provide Tax Reference Number *(Complete question if you answered 'a' for Q15)*

15.B.1 Please provide Charitable Status Number *(Complete question if you answered 'b' for Q15)*

16 Has your group/organisation registered with the Public Participation Network (PPN)?

(Circle your selected answer)

Your Group's PPN number is available on [Galway County PPN](#)

Please consider registering with the PPN if you have not already done so. You can register at [Registration Form | Galway County PPN](#)

a) Yes

b) No

16.A.1 Please provide PPN number (Complete question if you answered 'a' for Q16)

17 Child Protection Policy

(Circle all that apply)

a) I/We confirm that we do work with people under 18 or vulnerable adults

b) I/We confirm that we do NOT work with people under 18 or vulnerable adults

17.A.1 Please select all that are applicable (Complete question if you answered 'a' for Q17)

☐ I/We confirm that I/we have read and understand the particulars outlined in the Children First Act, 2015, Children First National Guidance 2017 and TUSLA Guidance

☐ I/We have prepared a Child Safeguarding Statement which is in place specifying the service being provided and outlining policy procedures

☐ I/We confirm we have undertaken a risk assessment for the provision of the service/contract and agree to follow the guidelines on procedures and practices contained within both the Risk Assessment undertaken and the prepared Child Safeguarding Statement

☐ I/We have in place appropriate child protection policies and procedures

☐ I/We confirm that a vetting disclosure has been received in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act, 2012 to 2016 for any employee and/or volunteer carrying out 'regular work or activities' i.e., any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children or vulnerable persons.

18 Which category does your Organisation/Group fall into?

(Circle your selected answer)

a) Community Centre

b) Active Retirement Group

c) Youth Groups i.e. Youth Club/Scouts

d) Development Company

e) GAA Hall/Sports Facility/ClubHall

f) Playground Committee

g) HSE Building

h) Older Persons Group - Please specify

i) Community Game Organisations

j)	Co-Ops
k)	Town Hall
l)	Pastoral Centre
m)	Family Resource Centre
n)	Mens Shed/Womens Shed/Sister Shed

19 Please provide a brief organisational description of your group / organisation e.g., committee structure, meeting schedule, legal status, i.e., Unincorporated Community Group with Constitution, or Incorporated Group/Organisation with Memorandum & Articles of Association and registration with Company Registration Office, the Charities Regulator etc.

20 Is your Group affiliated or connected to any relevant local, regional, or national body?
If yes - please specify which body?

21 Do you have any volunteers in your group? How many ?

22 Do you have a permanent premises to meet in?
(Circle your selected answer)

- a) Yes
- b) No

22.A.1 Please give Eircode of Premises
(Complete question if you answered 'a' for Q22)

23* Insurance Status:
(Not applicable for paper form.)

Evidence of Public Liability Insurance Cover (€6.5m) must be submitted, and the applicant must provide proof of indemnity to Galway County Council against any claims arising.

24 Which of the Municipal Districts is your Group/Organisation based in?
(Circle your selected answer)

- a) Athenry/Oranmore
- b) Ballinasloe
- c) Conamara
- d) Loughrea
- e) Tuam

Section 2: Project Details

25 **Project Category:**
Please tick the box(es) that describe what the funding will be used for. Tick multiple boxes if appropriate
(Circle all that apply)

- a) Accessibility improvements e.g. ramps/handrails/accessible toilets
- b) Audio equipment e.g. speakers, microphone
- c) Construction works e.g. internal building works, extension to building
- d) Development of youth clubs or community facilities
- e) Energy efficiency upgrades e.g. insulation, solar panels
- f) Furniture
- g) ICT equipment e.g. laptop, PC, printer
- h) Indoor cleaning equipment
- i) Machinery or Tools
- j) Maintenance/Refurbishment of building/premises (painting/power washing and minor repairs)
- k) Promotional Materials
- l) Safety equipment
- m) Training equipment
- n) Video equipment e.g. television, screen, projector
- o) Works to increase biodiversity or to reduce the carbon footprint of a facility
- p) Installation of changeover switch in a community support centre
- q) Generator for a community support centre
- r) Other - please specify

25.R.1 **please specify *(Complete question if you answered 'r' for Q25)***

26 **What is the purpose of the grant?**
(Provide a brief description of the equipment or project that will be supported by the funding using a maximum of 20 words)

27 **Please provide a breakdown of expenditure for the project for which you are requesting funding.**

Please ensure you provide 1 estimate/quote for each expenditure item up to €5,000 and 3 estimates/quotes for each item/project over €5,000. Lack of this supporting documentation will render your application ineligible.

Supplier/Contractor:	Type of Goods	Total cost
Total Cost:		

28 If this is for a specific project involving works, when will your project begin?

No works can be undertaken/equipment purchased prior to receiving confirmation from Galway County Council on the outcome of the grant application. This will not be until late May/June 2026.

29 If this is for a project involving works, when will your project be completed?

Please note all grant monies must be expended and drawn down from the LCDC by 31st October 2026

30 Are all relevant permissions in place (e.g. planning permission, written consent from landowner/property owner if your project involves the development of a property) ?

Section 3: Funding

31 Is the amount being applied for €1,000 or less ?

(Circle your selected answer)

a) Yes

b) No

32* Amount of funding applied for under the LEP 2026:

33 Is amount being applied for a partial or total project cost? If partial, give the estimated total project cost?

To be eligible for funding under this programme you must state where you will source any shortfall of funding. Please provide these details below.

Source	Amount

34* Please upload Quotation Documents
(Not applicable for paper form.)

35* Please upload current Bank/Credit Union Account Statement:

Your bank/credit union statement must be dated within the last 6 months
(Not applicable for paper form.)

36 Has your Group/Organisation received funding under any capital/current grants schemes in the last 3 years (i.e. grants from Government Department, Local Authority or LEADER for example)?
If yes, please give details below:

Name of Scheme	Funding Organisation	Works/Purchases Funded	Amount Received	Date Received

37 Do you receive funding from any other organisation ? If Yes, please give details:

38 If successful, please state how your Group/Organisation proposes to publicly acknowledge the Department of Rural and Community Development and the Gaeltacht, Galway County Council and Galway County LCDC?

39 Galway County LCDC will check to ensure that this application works towards addressing priorities within its Local Economic and Community Plan (LECP 2024 - 2030) with specific regard to Goal 2: equitable, inclusive, and engaged communities.

If your application is for an amount greater than €1,000, please select which objective aligns the most with your grant application and please specify the estimated number of beneficiaries to benefit from it.

(If your application is for a small scale capital grant of €1,000 or less, then you may wish to complete the below table, but you are not required to do so.)

Key priority area of LECP	No of Beneficiaries
Continue to support community development, celebrate diversity and promote active inclusion for all	
Improve quality and availability of supports and services that aim to reduce poverty and disadvantage	
Empower and support individuals and communities to play an active role in local decision making processes	
Enhance equitable access and reduce barriers to participation	

SECTION 4: ACKNOWLEDGEMENT AND DECLARATION

- 40 On behalf of [q:c5af3a], I [user:fullname] confirm that:
- I declare that the information given on this form is accurate and correct to the best of my knowledge
 - I confirm that have read and fully understand the Terms & Conditions of the 'Local Enhancement Programme 2026'
 - I confirm that I have read the Application Guidelines for the 'Local Enhancement Programme 2026' prior to completing this form.
 - I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford
 - I confirm that the applicant group/organisation is tax compliant (if tax registered)
 - I confirm that a Child Protection Policy will be put in place where our activities involve children / young people under 18 and have submitted a signed Declaration under the Children First Act 2015
 - I agree to the processing and disclosure of information by Galway County Council and to other third parties if required for fund administration, reporting evaluation and audit purposes, and further consent to the disclosure of this information (name of applicant organisation, amount of grant award, details of project/event funded) by these parties relating to the marketing or promotion of this funding.
 - I confirm that the group/organisation has adequate and comprehensive insurance cover for our activities, and agree to indemnify Galway County Council.
 - I understand that this is a competitive process and agree to accept the decision of the assessment of the application as final.
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