

Expression of Interest Form (EOI)

Cavan LEADER Local Action Group

C/o Breffni Integrated CLG, Unit 6a Corlurgan Business Park, Ballinagh Road, Cavan

LEADER Rural Development Programme 2014-2020

This Expression of Interest (EOI) form **must** be completed as a pre-cursor to an application for funding under the Rural Development Programme 2014-2020 (LEADER).

Failure to complete this form fully will result in a delay in dealing with your Expression of Interest.

Notes:

- Please **complete** this form and the **Data Protection Declaration in full** and submit to Breffni Integrated CLG. (details below).
- The purpose of this form is to determine if your proposed project is eligible under the LEADER Operating Rules of the Rural Development Programme 2014-2020 and complies with the Cavan Local Development Strategy.
- If your project meets the eligibility criteria, you will be requested to complete the official application form; this is the basis upon which your project will be evaluated.
- The submission of this Expression of Interest Form and/or any subsequent Application Form for LEADER assistance may not be taken as an indication that your project will be awarded grant aid.
- A separate Expression of Interest Form is required for each project enquiry.
- A hardcopy of this form can be obtained from Breffni Integrated CLG.

If you require assistance in completing this form please contact: Cavan LEADER Local Action Group, C/o Breffni Integrated CLG, Unit 6A Corlurgan Business Park, Corlurgan, Ballinagh Road, Cavan. Telephone Number: (049) 4331029 (Option 3).

This form is an Expression of Interest (EOI) for LEADER funding and does NOT constitute an Application for funding.

Rural Development Programme (LEADER) 2014–2020

Expression of Interest (EOI) Form

All Fields are mandatory and must be completed.

All project details and information will be treated with the strictest of confidence.

PLEASE COMPLETE IN BLOCK CAPITALS

1	<p>Details of Applicant:</p> <p>Name of Group/Individual/Business (as per your TCC, Land Title, Bank Statement etc.): _____</p> <p>Contact Person: _____</p> <p>Address: _____ _____</p> <p>_____ Eircode (postcode): _____ (Mandatory)</p> <p>Tel No: _____ E-mail: _____ (Mandatory)</p> <p>Fax No: _____ Website address: _____</p> <p>Project location address if different to above: _____ _____</p>
2	<p>Classification of Promoter:</p> <p>Tick appropriate box(s) and include copies of supporting governing documents with this EOI.</p> <p><input type="checkbox"/> Private Individual <input type="checkbox"/> Sole Trader TCC No. _____</p> <p><input type="checkbox"/> Farmer Herd No. _____</p> <p><input type="checkbox"/> Formalised Community/Voluntary Group</p> <p><input type="checkbox"/> Companies Limited by Guarantee Company Number: _____</p> <p><input type="checkbox"/> Limited Company Company Number: _____</p> <p><input type="checkbox"/> Public Body</p> <p><input type="checkbox"/> Registered Charity CHY Number: _____</p> <p><input type="checkbox"/> Community Council</p> <p><input type="checkbox"/> Cooperative society registered under the Industrial & Provident Societies Act Number: _____</p> <p><input type="checkbox"/> Trust</p> <p><input type="checkbox"/> Partnership (Please provide copy of signed Agreement)</p> <p><input type="checkbox"/> Designated Activity Company Limited by shares</p> <p><input type="checkbox"/> Other (Please Specify) _____</p>
3	<p>Have you the applicant received LEADER or any other funding previously? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Source of Funding: _____</p> <p>Amount Received: _____ Date approved: _____</p>
4	<p>Do you receive 50% or more of your operating costs from public sources? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
5	<p>Project located in Gaeltacht area? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
6	<p>Project located on Islands? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7	<p>Estimated total cost of project:</p>
8	<p>Expected LEADER funding for the project:</p>
9	<p>How do you intend to finance the outstanding balance (Bank loans, savings, etc.)? _____ _____</p>
10	<p>When would you anticipate the project commencing?</p>

11	How many months will it take to complete the project?
12	Have you a business or marketing plan for your proposed project? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please include a copy.
13	Does your proposed project require planning permission? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes insert planning permission Ref. Number: _____
14	Alignment with the Local Development Strategy (LDS): <i>Indicate which Theme, Sub-Theme and Strategic Action you are applying under. (as per extract from LDS which is included in the EOI Pack).</i> Theme: _____ Sub-Theme: _____ Strategic Action: _____
15	Please provide a brief description of your proposed project: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

DE MINIMIS AID DECLARATION

The aid being sought is provided under the European Commission Regulation on De Minimis Aid. Small amounts of State aid, up to 200,000 Euros in any three-year period to any one enterprise, are regarded as too small to significantly affect trade or competition in the common market. Such amounts are regarded as falling outside the category of State aid that is precluded by the EC Treaty and can be awarded without notification to or clearance by the European Commission. A Member State is required to have a mechanism to track such aid (called 'De Minimis aid') and to ensure that the combined amount of De Minimis aid payments from all sources to one enterprise in any three-year period respects the 200,000 Euro ceiling. Please provide details of all other De Minimis aid which has been granted to you within the past three years. The default position for all applicants will be that any public funding is from a De Minimis source unless confirmed otherwise It should be noted that a false declaration by you resulting in the threshold of 200,000 Euro being exceeded could later give rise to the aid being recovered with interest.

I wish to apply for LEADER funding under the De Minimis Regulation (EC) 1407/2013 of 18 December 2013. I confirm that (name of Promoter)_____ has been granted only the following De Minimis aid within the past three years (**sign even if you have not received any funds and insert nil in amount approved - details as outlined below**).

PROJECT NAME	PROGRAMME APPLIED TO	AMOUNT APPROVED	DATE OF APPROVAL

Business Only

Current Number of Employees _____

Current Turnover € _____

Does your business export off the island of Ireland?

Yes No

Is your business a manufacturing Business?

Yes No

Is your business engaged in Internationally traded services?

Yes No **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. I/We have read and understand the statement below and give consent to Cavan Local Action Group for the use/disclosure of data and information as outlined:

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.

PLEASE RETURN COMPLETED EXPRESSION OF INTEREST FORM TO:**CAVAN LEADER LOCAL ACTION GROUP
C/o Breffni Integrated CLG**

Unit 6A Corlurgan Business Park, Corlurgan, Ballinagh Road, Cavan. H12 DP86

Telephone No. : +353 49 4331029 (Option 3) Email: leader@breffniint.ie Website: www.breffniint.ie

DISCLAIMER: This Expression of Interest is a preliminary step towards an application for funding under the LEADER Programme 2014-2020.

It is not a full application for funding.

CAVAN LEADER LOCAL ACTION GROUP (LAG) IS DELIVERING THE LEADER PROGRAMME IN COUNTY CAVAN. THE COUNTY CAVAN LOCAL COMMUNITY DEVELOPMENT COMMITTEE (LCDC) IS OPERATING AS THE LAG FOR COUNTY CAVAN. BREFFNI INTEGRATED CLG THE LOCAL DEVELOPMENT COMPANY FOR COUNTY CAVAN, IS THE IMPLEMENTATION PARTNER AND CAVAN COUNTY COUNCIL IS THE LEAD FINANCIAL PARTNER.

For Office Use Only:**EOI Reference ID:** _____**Call Type:** _____**LEADER Theme:** _____**BIL Officer Signature:** _____**Printed Name of BIL Officer:** _____**Date form Received in Breffni Integrated CLG:** ____/____/____**Breffni Integrated Stamp:**