



Application for a Government Grant on the installation of bicycle racks/ancillary facilities in localities or within enterprises' premises

Please complete in BLOCK LETTERS using black ink or typescript

Project Title: _____

Summary of the project:

Total cost of project: € _____

Amount of funds requested: € _____

(for commercial enterprises up to a maximum of 50% of the total cost of project¹)

Completion date of project: _____

Details of Organisation:

Name of the Organisation: _____

Head of Organisation: _____

Address: _____

Registration Number _____

of the Organisation

(if applicable)

¹ Commercial enterprises may apply for a grant of up to 50% on the approved capital expenditure.

Tel. No. _____ E-mail: _____

Name of person responsible for the implementation of project:

Position occupied in Organisation: _____

Contact Details:

(Tel/Mobile) _____ e-mail _____

Give details about the project:

List of documents being forwarded with the application form:

Declaration

I,....., holder of Identity Card Number as the Mayor/official representative (delete where applicable) of (insert locality, or enterprise's name as applicable), hereby declare that the Local Council/Enterprise (delete where applicable) will be responsible for honouring all the terms and conditions related to the funding of this project:

- (a) Getting all the necessary permits to install such racks/ancillary facilities;
- (b) Submitting all necessary documentation requested by the Board vetting the application;
- (c) Accompanying, if necessary, members of the Board for a site inspection of where the racks/ ancillary facilities are going to be installed;
- (d) Allocating an adequate site where the bicycle racks/ ancillary facilities will be installed;
- (e) To carry out regular maintenance of the racks/ ancillary facilities once installed;
- (f) Being the only entity responsible for any liability arising out of the installation of the mentioned racks/ ancillary facilities.

Name of person submitting application: _____

I.D. Card Number _____

Signature: _____

Date:_____