Application for a Government Grant on the installation of bicycle racks/ancillary facilities in localities or within enerprises' 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 project[1])

Completion date of project: _____

Details of Organisation:

Name of the Organisation: _____

Head of Organisation: _____

Address: _____

                             _____

                             _____

Registration Number   _____
of the Organisation
(if applicable)

Tel. No. _____ E-mail:_____

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

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:

_____
_____
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_____

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.

_____

I request that payment of the grant be made as follows:

IBAN Number	

BIC	

Account Holder Name	

_____

Name of person submitting application: _____

I.D. Card Number: _____

Signature: _____

Date: _____