

Rural Development Programme 2014 – 2020

LEADER

Expression of Interest (EOI) Form

Your Local Action Group (LAG) for the Rural Development Programme 2014-2020 (LEADER) is the **North Cork Local and Community Development Committee** (North Cork LCDC).

Ballyhoura Development CLG is the programme Implementing Partner for the North Cork LCDC in the Ballyhoura Development area of North Cork.

Step 1: Expression of Interest (EOI)

This Expression of Interest Form is the first step of a two-step LEADER application process.

Please note this is an Expression of Interest form (EOI) and NOT an Application form.

The EOI must be completed in full and failure to do so will result in a delay in processing your EOI.

Fully completed EOIs will be assessed for eligibility under the Rural Development (LEADER) Programme 2014-2020, and approved by Cork LCDC.

- The EOI can be completed online.
- The EOI can be downloaded from www.ballyhouradevelopment.com and completed and returned by email to leader@ballyhoura.org.
- The EOI can be downloaded and posted, or dropped into our office at Ballyhoura Development CLG, Main Street, Kilfinane, Co. Limerick, marked LEADER EOI.
- Ballyhoura Development CLG will acknowledge receipt of your EOI.
- Following eligibility assessment of your EOI, you will be informed of the outcome.

If your project is eligible in principle, you will be invited to make a formal application for funding.

Step 2: Full Application

You will be invited to engage and participate in the Ballyhoura Development LEADER application support activities, before completing and returning your Application Form to Ballyhoura Development CLG, in line with the requirements and timeframes as set out in each particular LEADER Funding Call, and the LEADER Operational Rules.

Contact Information

Address: Ballyhoura Development CLG, Main Street, Kilfinane, Co. Limerick

Tel: 063 91300 Email: leader@ballyhoura.org

www.ballyhouradevelopment.com



Rialtas na hÉireann
Government of Ireland



The European Agricultural Fund
for Rural Development: Europe
investing in rural areas



Rural Development Programme (LEADER) 2014 – 2020
Expression of Interest (EOI) Form
GENERAL INFORMATION
All Fields are mandatory and must be completed.

Your Local Action Group (LAG) Name:	
Project Name / Title:	
Promoter's / Community Group Name:	
Promoters Lead / Main Contact Name:	
Promoters Main Telephone No.:	
Promoters E-mail Address:	
Promoter's Address:	
Promoter Type: [Individual, Community Group, Organization, Other]	Classification of Promoter: Cross appropriate box and include copies of supporting governing documents with this application: <input type="checkbox"/> Sole trader <input type="checkbox"/> Farmer (if Yes, Herd No. is required below) <input type="checkbox"/> Formalised Community / Voluntary Group <input type="checkbox"/> Companies Limited by Guarantee <input type="checkbox"/> Designated Activity Company Limited by shares <input type="checkbox"/> Registered Charity <input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> Community Council <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Public Body <input type="checkbox"/> Private <input type="checkbox"/> Cooperative society registered under the Industrial & Provident Societies Act
Herd Number:	

Has Promoter / Community Group received LEADER funding previously? Please tick one	YES <input type="checkbox"/> NO <input type="checkbox"/>
PROJECT INFORMATION	
Project Address:	
Project located in Gaeltacht area:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Project located on Islands area:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Estimated Project Costs: [Total estimated costs]	
LEADER Funding Required for project:	
Project Other Funding sources: [If Any – Bank Loans etc.]	
Please give a brief description of the proposed project. [Please use additional sheet and attach to this form if required.]	

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.

Print Name: _____

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 Interest 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 Data Protection Acts 1988 and 2003.

EOI Ref ID: _____ (Generated from RDP IT System)

Call Type: (Rolling / Time Limited) _____.

Main Programme Theme:

IP Officer Signature: _____

Printed Name of IP Officer: _____

Date from Received from Promotor in IP: _____ / _____ / _____

IP Date Stamp: