**Rural Development Programme 2014 -2020**

**LEADER**

**Expression of Interest (EOI) Form**

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

Failure to comply with this form completely will result in a delay in dealing with your Expression of Interest and any further processing of any subsequent application arising for funding under RDP 2014-2020.

**Completion Guidance Notes:**

* **Please complete this form in full (All fields are mandatory) and forward to Laois Partnership along with any additional information you feel may be of relevance.**
* **Electronic copies of this form can be downloaded from** [**www.laoispartnership.ie**](http://www.laoispartnership.ie) **and also from the** [**http://www.ahrrga.gov.ie/**](http://www.ahrrga.gov.ie/)
* **A hardcopy of this form can be obtained from Laois Partnership Offices (Block 2, Ground Floor, County Hall, Portlaoise, Co. Laois)**
* **A Rural Development Officer will contact you when your Expression of Interest Form has been reviewed.**

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| --- | --- |
| **Your Local Action Group (LAG) name:** | Laois Community Development Committee |
|  |  |
| **Project Name/ Title** |  |
| **Promoter/ Community Group Name** |  |
| **Contact Name** |  |
| **Telephone:** |  |
| **Email** |  |
| **Address:** |  |
|  |  |
| **Promoter Type:*****Please Tick one*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sole Trader** |  | **Community Council** |  |
|  |  |  |  |
| **Farmer** |  | **Trust** |  |
|  |  |  |  |
| **Formalised Community/ Voluntary Group** |  | **Partnership** |  |
|  |  |  |  |
| **Company Limited by Guarantee** |  | **Limited Company** |  |
|  |  |  |  |
| **Designated Activity Company Limited by shares** |  | **Public Body** |  |
|  |  |  |  |
| **Registered Charity** |  | **Private Individual** |  |
|  |  |  |  |
| **Registered Cooperative Society** |  |  |  |

 |
| **Herd No: (if farmer)** |  |
| **Has Promoter/ Community Group received Leader funding previously?**  |

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

 *Please Tick One* |
|  |  |
| **Project Address:** |  |
|  |  |
| **Level of LEADER Funding Required For Project:** |  |
|  |  |
| **Other sources of funds for project (If any – bank loans etc.):** |  |

|  |
| --- |
| **Brief description of the project:** |
|  |
| **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 |
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|  |  |
| --- | --- |
| **Name in Block Capitals:** |  |

|  |  |
| --- | --- |
| **Signature:** |  |

|  |  |
| --- | --- |
| **Date:** |  |

Part of 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. LAGs 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.  |

**Internal:**

|  |  |
| --- | --- |
| EOI Ref ID:  |  |
| Call Type: (Rolling/ Time Limited) |  |
| Main Programme Theme |  |
|  |  |
| LAG Office Signature: |  |
| Printed name of LAG Officer: |  |
| Date form Received from Promoter in LAG: |  |
| LAG Date Stamp: |  |