



## Rural Development Programme Transitional LEADER Programme Expression of Interest (EOI) Form

**NOTE: This Expression of Interest (EOI) form must be completed as a pre-cursor to any application proper for funding under the LEADER programme. This EOI will assist in assessing the eligibility of your proposal and is not to be mistaken for any formal application for funding which may be made by you at a later date.**

**Failure to complete this form completely will result in a delay in dealing with your EOI and any further processing of any subsequent application arising therefrom for funding under the LEADER programme.**

### Completion Guidance Notes:

- Please complete this form in full. All fields are mandatory.
- The form can be downloaded or printed from the DRL website: [www.dublinruralleader.ie](http://www.dublinruralleader.ie) A hardcopy of the form can be obtained from DRL
- The form along with any additional information you feel may be of relevance to your EOI can be posted or hand delivered to DRL at the address below.
- The form can also be completed electronically and e-mailed to: [amanoli@fingalleaderpartnership.ie](mailto:amanoli@fingalleaderpartnership.ie)
- A Project Officer will contact you when your **EOI** has been reviewed.
- If you require assistance in completing this form please contact DRL on 01 807 4282

### Please return the completed form to:

Dublin Rural LEADER  
DSV House  
Swords Business Park  
Swords  
Co Dublin  
K67 K8Y2



**GENERAL INFORMATION**  
**All Fields are mandatory and must be completed.**

<b>Please clearly indicate if this EOI is in relation to:</b>	<input type="checkbox"/> Rolling Call ( <i>Open &amp; Ongoing</i> ) <input type="checkbox"/> Targeted Call			
<b>Project Name / Title:</b>				
<b>Promoter Name:</b> [Insert legally constituted name as per Constitution and/or Tax Registration name]				
<b>Postal Address:</b>				
<b>Main Contact Person:</b>				
<b>Telephone No:</b>				
<b>E-mail Address:</b>				
<b>Promoter Type:</b> [Individual, Community Group, Organisation, Other]	<b>Classification of Promoter:</b> <i>Tick appropriate box and include copies of supporting governing documents with this application.</i>			
	Sole Trader	<input type="checkbox"/>	Company Limited by Guarantee	<input type="checkbox"/>
	Private Individual	<input type="checkbox"/>	Formalised Community/Voluntary Group	<input type="checkbox"/>
	Farmer	<input type="checkbox"/>	Registered Charity	<input type="checkbox"/>
	Partnership/Joint	<input type="checkbox"/>	Community Council	<input type="checkbox"/>
	Company Limited by Shares	<input type="checkbox"/>	Trust	<input type="checkbox"/>
	Designated Activity Company Limited by Shares	<input type="checkbox"/>	Co-operative Society registered under the Industrial & Provident Societies Act	<input type="checkbox"/>
	Other [Please specify]			
<b>Herd Number:</b> <b>[If Farmer]</b>				

<b>Has Promoter received LEADER funding previously?</b> [Please tick one]	YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---

**PROJECT INFORMATION**

<b>Project Address:</b>	
-------------------------	--

<b>Is Project located in Gaeltacht Area?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---

<b>Is Project located on Islands Area?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---

<b>Estimated Project Costs:</b> [Total estimated costs]	
--	--

<b>LEADER Funding Required for Project:</b>	
---	--

<b>Other Funding Sources for Project:</b> (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:**

I/We confirm that the details supplied are true and correct to the best of my/our knowledge

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_  
(Block Capitals)

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_  
(Block Capitals)

*Note:* Application forms from community groups and companies should be signed by the Chairperson and one other director. Joint applications should be signed by both parties.

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. Local Action Groups (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.

**For Official Use only**

EOI Ref ID: \_\_\_\_\_ (Generated from RDP IT System)

Call Type: (Rolling / Time Limited) \_\_\_\_\_

Main Programme Theme: \_\_\_\_\_

Project Fit with LDS Local Objective: \_\_\_\_\_

Project Officer Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date form received from promoter in LAG/IP: \_\_/\_\_/\_\_\_\_

LAG/IP Date Stamp:

**Additional Information:**