



**Expression of Interest Form**

**TVRS – Project Development Measure 2024**

**Closing Date Wednesday 13th of March, 2024**



Please complete this Expression of Interest form

and return it to Community Department, by email to community@kilkennycoco.ie

**Town & Village Renewal Scheme 2024**

**Town/Village covered:**

**Please indicate which category of funding is being applied for:**

**Category 1 Category 2 Category 3**

**Towns/Villages with Towns/Villages with Towns/Villages with**

**Population of 5,000 Population of Population up to**

**or less 5,001-10,000 15,000**

**Amount of Funding Requested:**

**Applicant Group:**

**Applicant Contact Name:**

**Applicant Contact Address:**

**Applicant Telephone Number:**

**Applicant Mobile Number:**

**Applicant Email Address:**

1. **Has funding for this project ever been sought from other sources?** [ ]  Yes [ ]  No

**(If "YES" yes please specify from what source and if funding was provided)**

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1. **Who are the specific project stakeholders/community partners in this project?**

**(Chamber of Commerce, Community group, etc.).**

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1. **Project details:**

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1. **What is the objective of the proposed project and how will the intended outcomes be measured? (Please identify any metrics or benchmarks that will be applied).**

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**DECLARATION**

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| **I hereby confirm that I have read and understand this document. I request that consideration be given in support of the project as outlined above.****Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |