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| C:\Users\tighe_p\Desktop\Dept LOGO.bmp | | | | | **CAPITAL ASSISTANCE SCHEME** | | | | | | | | CAS 1 |
| **APPLICATION BY AN APPROVED HOUSING BODY (AHB) TO A LOCAL AUTHORITY FOR A LOAN UNDER THE CAPITAL ASSISTANCE SCHEME** | | | | | | | | | | | | | |
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| Section 1 | | Local Authority Name | | | | | | | | | | | |
| Local Authority Name | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Section 2 | | Approved Housing Body Details | | | | | | | | | | | |
| Approved Housing Body Name | | | | | | | | | | | Contact Name in Approved Housing Body | | |
| Approved Housing Body Address | | | | | | | | | | | Phone No of the Contact Person | | |
| Email Address of the Contact Person | | |
| Tax Reference No of the Approved Housing Body | | | | | | | Tax Clearance Access No. | | | | Charity No. | | |
| Is the organisation an Approved Housing Body under Section 6 of the Housing (Miscellaneous Provision) Act 1992? | | | | | | | | | | | Yes ☐  No ☐ | | |
| Is the AHB signed up to the Voluntary Regulation Code (VRC) for Approved Housing Bodies in Ireland? | | | | | | | | | | | Yes ☐  No ☐ | | |
| Has the AHB undergone a satisfactory assessment as part of the annual assessment process by the AHB Regulation Office (Local authorities may request evidence of same) | | | | | | | | | | | Yes ☐  No ☐ | | |
| **If the answer to any of the above is “NO”, the application cannot be processed** | | | | | | | | | | | | | |
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| Section 3 | | Project Details | | | | | | | | | | | |
| Project Name | | | | | | | | | GIS Co-ordinates of the Project | | | | |
| Address of the Proposed Project | | | | | | | | | Eircode | | | | |
| Total No of Units | | | | |
| Proposed Method of Delivery  Acquisition ☐ Please complete 4A below  Buy and Renew ☐ Please complete 4B below  Construction ☐ Please complete 4C below  Part V ☐ Please complete 4A below  Turnkey ☐ Please complete 4A below  In the case of an acquisition, is the required independent professional valuation of the property attached:  Yes ☐ No ☐ | | | | Indicate as to % of loan proposed:  100% ☐  95% ☐  (*Note – If 100% loan the Approved Housing Body has waived its nomination rights)* | | | | | Has planning permission been granted for this project?  Yes ☐ No ☐ | | | | |
| If yes state date it was obtained | | | | |
| Proposed Commencement Date | | | | |
| Proposed Completion Date | | | | |
| Is funding towards capital costs being provided by any other Government Department or statutory agency? | Yes ☐  No ☐ | | If 'YES’ provide details | | | | | | Total cost of project  € | | | | |
| If Yes Provide Amount | | | | | | **Total CAS loan requested**  **€** | | | | |
| Section 4 | | Breakdown of Costs | | | | | | | | | | | |
|  | | | | | **Section 4A** | | | | **Section 4B** | | | **Section 4C** | |
| **Type of Works** | | | | | **Acquisition /Part V/ Turnkey** | | | | **Buy and Renew** | | | **Construction** | |
| Acquisition Cost/ Site Cost\* | | | | |  | | | |  | | |  | |
| Improvement/refurbishment works | | | | |  | | | |  | | |  | |
| Legal Fees - LA | | | | |  | | | |  | | |  | |
| Legal Fees – AHB | | | | |  | | | |  | | |  | |
| Technical Fees | | | | |  | | | |  | | |  | |
| Construction Estimate (excl. abnormals) | | | | |  | | | |  | | |  | |
| -Site Clearance | | | | |  | | | |  | | |  | |
| -Site Development Works | | | | |  | | | |  | | |  | |
| -Structural Works | | | | |  | | | |  | | |  | |
| -Doors/Windows/Finishes | | | | |  | | | |  | | |  | |
| -Fittings (sanitary ware, kitchen) | | | | |  | | | |  | | |  | |
| Services (ESB, Gas, Water, Telecoms) | | | | |  | | | |  | | |  | |
| Development Allowance | | | | |  | | | |  | | |  | |
| Abnormal capital costs (provide details, including full breakdown of costs, on separate sheet) | | | | |  | | | |  | | |  | |
| **Total Cost of Project** | | | | |  | | | |  | | |  | |
| Less funding from HSE Estates towards Health related capital costs | | | | |  | | | |  | | |  | |
| Less funding from sources other than CAS & HSE Estates | | | | |  | | | |  | | |  | |
| **Total CAS Loan (Funding) Required** | | | | |  | | | |  | | |  | |
| **Communal Facilities (apply separately where relevant)** | | | | |  | | | |  | | |  | |
| \*Site cost for construction projects only | | | | | | | | | | | | | |
| Section 5 | | Category of Housing Need being Addressed | | | | | | | | | | | |
|  | | | | | | **No of Units** | |  | | | | | |
| Homeless \* ☐ | | | | | |  | | Please complete Section 6 & 9 below | | | | | |
| Disability ☐ | | | | | |  | | Please complete Section 7A & 9 below | | | | | |
| Congregated Settings ☐ | | | | | |  | | Please complete Section 7A & 9 below | | | | | |
| Mental Health ☐ | | | | | |  | | Please complete Section 7B & 9 below | | | | | |
| Older Persons ☐ | | | | | |  | | Please complete Section 6 & 9 below | | | | | |
| Care Leavers\*\* ☐ | | | | | |  | | Please complete Section 8 & 9 below | | | | | |
| Caretaker/Support Worker ☐ | | | | | |  | | ------------------------------------------- | | | | | |
| Returned Emigrant ☐ | | | | | |  | | Please complete Section 6 & 9 below | | | | | |
| \*Where relevant, how many of these units are for Victims of Domestic Violence?  \*\*Care Leavers exiting Stage care at the age of 18 – see Appendix 3 of Circular Housing 30/2017. | | | | | | | | | | | | | |
| Section 6 | | Operational Supports | | | | | | | | | | | |
| On completion of this project, will HSE/TUSLA/OTHER SERVICE PROVIDER support be required on an on-going basis?  If 'Yes", Please provide details | | | | | | | | | | Yes ☐  No ☐ | | | |
| Section 7A | | To be completed by Approved Housing Body, Service Provider and Health Service Executive where housing is being provided for People with Disabilities other than Mental Health Disabilities. | | | | | | | | | | | |
| Does this project require registration as a Designated Centre (HIQA)?  If ‘YES’ what are the cost implications and how will these costs be met by the Approved Housing Body? | | | | | | | | | | Yes ☐  No ☐ | | | |
| *We certify, that in preparing this application for CAS funding, we have consulted with:*   1. *The relevant local authority (insert local authority, name and contact details of official ) on (give date(s) ); and* 2. *The local HSE Social Care Disability Manager/Representative and the* local **HSE Estates Manager** *(insert name and contact details here) on (give date(s here)*   ***And they have confirmed that:***  *a) They are supportive of this application proceeding to the next stage for consideration and*  *b) This application is in line with Guidance on CAS funding set out by the Department of Housing, Planning and Local Government.*  Signed: (on behalf of **Service Provider**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: (on behalf of **AHB**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Service Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of AHB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **FOR COMPLETION BY HSE Social Care Disability Office and HSE Estates Manager**  *The* ***HSE*** *confirms that:*  *a) It supports this project and is satisfied that adequate ongoing funding will be available for any ongoing support services needed after its completion*  *b) That the conditions set out in DHPLG Circulars 45/2015 & 32/2019 are being met and that inappropriate clusters are not being developed, either by one provider or several providers operating in the same geographical area.*  The number of people moving out of **Congregated Settings** in this case is \_\_\_\_\_\_\_\_. (Insert “None” where appropriate)  Name & address of the **Congregated Setting(s)** the people are moving **from (**please specify unit/house name in the case oflarge campus)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Signed: (on behalf of local **HSE Social Care Disability Office**)  Signature; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I confirm that   1. The health related costs of €\_\_\_\_\_\_\_\_ for this project provide value for money and are reasonably attributable to the HSE and 2. the proposed scheme will provide fit for purpose accommodation in compliance with statutory requirements;   Signed: (on behalf of **HSE Estates Manager)** )  Signature; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_  Grade \_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_  Grade \_\_\_\_\_\_\_\_\_\_ | | |
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| Section 7B | To be completed by Approved Housing Body, Service Provider and Health Service Executive where housing is being provided for People with Mental Health Disability |
| *We certify, that in preparing this application for CAS funding, we have consulted with:*   1. *The relevant local authority (insert local authority, name and contact details of official here) on (give date(s) );*   *and*   1. *The local HSE Social Mental Health Manager/Representative (insert name and contact details here) on (give date(s))*   ***and they have confirmed that:***  *a) They are supportive of this application proceeding to the next stage for consideration and*  *b) This application is in line with Guidance on CAS funding set out by the Department of Housing, Planning and Local Government.*  *c) Mental Health services support the accommodation proposal and have services and funding in place to support tenancies.* | |
| Signed: (on behalf of **Service Provider**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: (on behalf of **AHB**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Service Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of AHB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **For completion by Mental Health Services;**  I note and endorse the above on behalf of HSE Mental Health Services.  Signed: (on behalf of **Mental Health Services**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_ | |

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| Section 8 | To be completed by Approved Housing Body and TUSLA where housing is being provided for Care Leavers aged 18-21 (or up to 23 if in education or training) at risk of homelessness | | |
| *We certify, that in advance of submitting this application for CAS funding, we have discussed and agreed it with:*   1. *the relevant local authority (insert local authority, name and contact details of official here) on (give date(s)……); and* 2. *the CAS project team in Tusla (insert name and contact details) on (give date(s)..............)*   *and they have confirmed that:*  *a) they are supportive of this application.*  *b) this application is in line with the Guidance on CAS funding for Accommodation for Care Leavers aged 18-21 (or up to 23 if in education or training) at risk of homelessness (i.e. State Care Leavers”) set out by the Department of Housing, Planning and Local Government in Circular Housing 30/2017.*    *c) Tusla support the accommodation proposal and have area based dedicated aftercare services and aftercare interagency steering committees in place to support the tenancy.* | | | |
| **This form is to be signed on behalf of the AHB (by two authorised officers at Section 9 below) and by Tusla immediately below:** | | | |
| **For completion by Tusla**  I note and endorse the above on behalf of Tusla. | | | |
| Signed: (on behalf of **Tusla**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date:  Grade \_\_\_\_\_\_\_\_ |
|  | | | |
| Section 9 | Certification by Approved Housing Body | | |
| We hereby certify that all the information given in this application is correct and, on behalf of (insert name of AHB here), hereby apply for a loan of € (insert amount here) from (insert name of LA here) under the terms of the Capital Assistance Scheme. We understand that the provision of any false or misleading information may result in the funding applied for not being provided or, where such funding may have already been provided, recoupment of the amount involved by the local authority[[1]](#footnote-1). | | | |
| Signed (on behalf of **AHB**):  (first person’s signature)  Print Name: | | Date: | |
| Signed (on behalf of **AHB**):  (second person’s signature)  Print Name: | | Date: | |
|  | |  | |
| Checklist | Documents to be enclosed with this form and to be sent to the local authority | | |
| * In the case of a construction scheme (or a large block acquisition) a Capital Appraisal as per guidance in Appendix 2 of Circular 32/2019 - available from the local authority. Please seek local authority’s advice as appropriate. * In the case of an acquisition, Buy & Renew or Turnkey - an independent professional valuation of the property supplied by a member of an appropriate professional/chartered organisation. (e.g. Institute of Professional Auctioneer & Valuers / Society of Chartered Surveyors of Ireland). * Any other relevant information can be attached to this application * **Note;** Before the LA can approve a Buy & Renew scheme a detailed condition survey of the premises prepared by a suitably qualified competent person (to facilitate the most accurate estimation possible of expected remediation costs) must be completed and submitted to the LA. | | | |

1. This may be of particular relevance where properties are acquired or advanced using the delegated sanction allowed to LAs in certain circumstances. [↑](#footnote-ref-1)