|  |  |
| --- | --- |
| DCEDIY Ref: |  |
| Legal Name: |  |
| Facility Name: |  |
| Facility Address: |  |
| Contact Number: |  |
| Reason for Closure: |  |
| Primary Issue Facing the Service: | **Please Tick** * Power Outage
* Water Outage
* Service Inaccessible
* Structural Damage
* Flood
* Covid Closure – Full Service\*
* Covid Closure - Partial closure (pod)\*

 \*Please also submit evidence that your service has been directed to close by the Health Authorities due to Covid |
| Risk Assessment Completed Y/N: |  |
| Insurance Cover in Place Y/N: |  |
| Total Anticipated Closure Period:  |  |
| Additional Information: |  |

Please submit this form to Pobal attaching it to a Service Request on the Hive and entering ‘ **Force Majeure’** in the summary Column and selecting the category ‘**Programme Request’** from the drop down menu.

Please note that this application does not imply approval of either Force Majeure or the funding of same.