



Our Lady's Grove Primary School
Goatstown Road
Dublin 14
D14 Y993
Tel: (01) 298 8694

Voluntary Contributions for this Calendar Year - January - December 2021

Dear Parents/Guardians,

The parents in Our Lady's Grove Primary School have always supported the school with Voluntary Contributions for many years. This support has been invaluable to the running of the school. We are now beginning a new Academic Year and although the Voluntary Contributions operate on a Calendar Year basis we know that parents like to make their Voluntary Contributions in September when they are making other school payments.

A capitation grant per student is paid by The Department of Education & Science (DES) each year however, this grant does not come close to covering the actual costs incurred by the school. This shortfall is normally made up by Voluntary Contributions, Fundraising and Hall Rental income. Unfortunately, income from the latter two sources has reduced dramatically given the current pandemic.

The Department of Education & Science have provided the schools with increased Grant funding to defray the financial costs in relation to Covid-19 expenses, however we are conscious that there will potentially be a considerable shortfall this year. With this in mind, we are writing to you with a sincere request to make your Voluntary Contribution for this Calendar Year - January - December 2021. Your voluntary contribution will go towards maintaining our current projects in relation to enhanced school resources for the benefit of our children.

Once we have overcome this challenging time, we look forward to restarting our building project and the development of a new play area for our children that has been approved by the Department of Education & Science.

Did you know Tax Relief is available to the School?

If your total contribution is **equal to or exceeds €250**, this allows the school to claim a tax refund. A contribution of €250 allows a tax refund of €112.32. This increases your contribution by approx. 45%. Your €250 contribution is in effect worth €362.32 to the school. This applies to both PAYE and self-employed tax payers under the regulations.

If your Voluntary Contribution is equal to or exceeds €250, please **complete and return** the CHY3 form (below) to admin@olgps.ie This will allow the school to use your PPS number in our claim to Revenue.

Please note that school Voluntary Contributions operate on a calendar basis because tax relief is only claimable on this basis.

Payment Methods

1. The preferred payment method for lump sum contributions, of (say) €125 per child, is The Easy Payments System (EPP) on the school website www.ourladysgrove.ie. All these payments use technology which ensure the security of the transactions as they are processed. An automatic email receipt will be provided.

We encourage all parents to avail of our online payments facility. If you need any assistance please email admin@olgps.ie

2. If you wish to make your contribution by cheque, please return it with the remittance slip below to the Principal, Mrs. Kernan, in an envelope marked VC.
3. If you wish to make your contribution by monthly standing order of (say) €12.50 per month for 10 months – please return the completed Standing Order form with remittance slip (both below) to admin@olgps.ie

Thank you again for supporting Our Lady's Grove Primary School. The Board could not manage the school without your continuing support.

Yours sincerely,



Eleanor Chambers
Treasurer - Board of Management





Voluntary Contribution January to December 2021- Remittance Slip

We, the Parents/Guardians of _____
wish to pay a Voluntary Contribution of €_____ for calendar year 2021.

Payment Method: Standing Order _____ Cheque _____
(Tick one)

Parents / Guardians _____ _____
(Please print)

Signed: _____

(Where contribution exceeds €250, please enclose completed CHY3 form)

STANDING ORDER

DATE _____

To: The Manager

|_____|

|_____| Enter your bank name and address

I/We hereby authorise and request you to debit my/our

_____ | Enter your bank account type e.g. Current Account, etc.

IBAN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BIC

--	--	--	--	--	--	--	--	--

With the sum of € _____ | Enter amount in figures

_____ | Say amount in words

And to credit

Our Lady's Grove Primary School Board of Management Current Account

Account Number 08119084 IBAN IE77 AIBK 9311 8708 1190 84 BIC AIBKIE2D

Bank Allied Irish Banks, University Branch, 60 Clonskeagh Road, Dublin 14

Frequency | _____ | Enter Weekly or Monthly or Quarterly

Start Date | _____ | Enter date on which Standing Order is to start

End Date | _____ | Enter date on which Standing Order is to cease

Until further notice in writing. It shall be understood that the Bank shall not be under any liability for damage or loss caused by any omission to make these payments. (*Note: Please allow 5 working days notice prior to first payment.*)

Name/Account Title

|_____| Enter the name(s) of the account-holders

Signature(s)

|_____| Signed in accordance with your bank account mandate

|_____|

CHY3 Cert

ENDURING CERTIFICATE

SECTION 848A TAXES CONSOLIDATION ACT (TCA) 1997 TAX RELIEF FOR DONATIONS TO ELIGIBLE CHARITIES AND OTHER APPROVED BODIES



This form should be completed by donors who are **individuals** in respect of donations made on or after 1 January 2013.

N.B. You should **not** complete Form CHY4 (Annual Certificate) for a tax year if you have completed, or intend to complete, a Form CHY3 for the same year.

PLEASE REFER TO THE NOTES OVERLEAF BEFORE COMPLETING THIS FORM COMPLETE IN BLOCK LETTERS

PART A

Name of Donor:

PPS Number:

Address:

Phone No.:

Email Address:

PART B

Name of eligible charity or other approved body (hereinafter referred to as an approved body):

First tax year to which this certificate applies (cannot be earlier than 2013):

PART C

- I certify that this certificate is valid for the tax year specified in Part B and each of the four following tax years, unless I notify the approved body of its earlier cancellation.
- I understand that the approved body referred to in Part B may apply to the Revenue Commissioners for tax relief under section 848A TCA 1997 in respect of donations made by me to that body during the lifetime of this certificate and that any tax repaid to the body shall not be repaid to me or to any other approved body.
- I grant permission to the approved body referred to in Part B to use my PPS Number for the purpose of claims for tax relief under section 848A TCA 1997 in respect of donations made by me to that body during the lifetime of this enduring certificate or a renewed enduring certificate.
- I understand I must advise the approved body immediately of any change in my circumstances that would affect the body's entitlement to claim tax relief in respect of my donations.
- I am aware that for **the purposes of tax relief under section 848A TCA 1997** on donations to an approved body—
 - (a) I must be resident in the State for each tax year in which I make a donation.
 - (b) A donation, or donations, must amount in aggregate to at least €250 in a tax year and be in the form of money and/or designated securities and that tax relief will not apply to the aggregate of my donations to an approved body or bodies in a tax year in excess of €1,000,000.
 - (c) Neither I, nor any person connected with me, can receive a benefit from the approved body in consequence of making a donation.
 - (d) A donation cannot be subject to a condition as to repayment nor can it be conditional on, or associated with, the acquisition of property by the approved body other than by way of gift, from me or a person connected with me.
 - (e) The amount of my aggregate annual donations to an approved body (or bodies) with which I am associated (see Notes) will be restricted to an amount equal to 10% of my total income for the tax year in question and tax relief will not apply to any donations in excess of that amount.
 - (f) I must pay income tax and/or capital gains tax for any tax year in which I make donations of an amount equal to the income tax on the grossed up amount of the donations in order for the approved body to receive a refund of tax (see Notes).

Please tick the box if you are associated with the approved body named in this certificate (see Notes)

Signature:

Date:

(DDMMYY)

PLEASE FORWARD YOUR COMPLETED CERTIFICATE TO THE APPROVED BODY REFERRED TO IN PART B.