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Application Form

Small Grants Programme

Community Groups

2023

Applications are welcome from community and voluntary groups who are engaging in projects that promote the goals of the Social Inclusion Community Activation Programme (SICAP).

Detailed information on the goals of SICAP, our strategy document ‘People Place Progress – Our Vision for the Future’ and the ‘Envision Inishowen’ series, are all available on our website.

**Completed (hard copy) applications should be returned c/o Community Grants, Inishowen Development Partnership, St Mary’s Road, Buncrana, Inishowen, Co. Donegal or via email (rachel@inishowen.ie) to be received not later than closing date below.**

**CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATIONS:**

**1.00pm Friday, March 31, 2023**

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| **SECTION ONE** | **APPLICANT DETAILS** | | | | | | | | | | | | |
| **1. Name of Group or Organisation:** |  | | | | | | | | | | | | |
| **2. Please identify the**  **Legal status of your**  **group or organisation and identify whether or not it has charitable status:** |  | | | | | **Y=YES** | | | | **N=NO** | | | |
| **Company Limited by Guarantee** | | | | |  | | | |  | | | |
| **Cooperative** | | | | |  | | | |  | | | |
| **Constitution, Memorandum and Articles** | | | | |  | | | |  | | | |
| **Charity (charitable status)** | | | | |  | | | |  | | | |
| **Other (please specify)** |  | | | | | | | | | | | |
| **3. Contact Details (include person who will manage the project )** | **Contact – Chairperson** | | | **Contact – Other please state**  **(e.g. Committee, Director or Staff member)** | | | | | | | | | |
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| **Name:** |  | | |  | | | | | | | | | |
| **Position / Job Title:** |  | | |  | | | | | | | | | |
| **Address:** |  | | |  | | | | | | | | | |
| **Telephone (landline):** |  | | |  | | | | | | | | | |
| **Mobile Number:** |  | | |  | | | | | | | | | |
| **E-mail address:** |  | | |  | | | | | | | | | |
| **4. Please provide a brief background history of your group / organisation i.e. how and why your group was established, it’s mission, aims, objectives, it’s main activities:** | | | | | | | | | | | | | |
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| **5. Date of establishment of group or organisation:** | |  | | | **Month** | | |  | **Year** | | | | |
| **6. Date of Last AGM** | |  | | | **Month** | | |  | **Year** | | | | |
| **7. The Social Inclusion Community Activation Programme (SICAP) identifies 14 different categories, plus our two additional priority areas, of economically / socially disadvantaged persons who are classified as being at risk of poverty and social exclusion within Ireland. People can be considered as members of one or more of these target groups based on their personal circumstances. In this section, applicants are asked to select the target groups expected to benefit from their project. Select up to a maximum of three target groups only, by inserting “Y” for “YES” in the table below.**  **Applicants are then asked to estimate for those target groups selected, the number of children or adults (male, female, total) or the number of other groups organisations or networks expected to benefit from the project.** | | | | | | | | | | | | |
| Please select up to a **maximum of three** key target groups most relevant to your project   |  |  |  |  | | --- | --- | --- | --- | | **Disadvantaged Women** |  | **Disadvantaged Youth People (15-24)** |  | | **Disadvantaged Children & Families** |  | **Social Isolation** |  | | **Rural Isolation – Connectivity & Transport** |  | **Lone Parent** |  | | **Low Income Workers/Households** |  | **Migrant Communities** |  |  | | **People with Disabilities** |  | **Travellers** |  | | **The Unemployed** |  | **Roma** |  | | **The disengaged from the Labour Market Economically Inactive:**  Illness/Disability, Engaged in family duties, Full-time student, Retired, No longer seeking work |  | **Other Black & Minority Ethnic Group** |  | | **Priority Area 2023**  **Mental Health (including youth)** |  | **Priority Area 2023**  **Older People and isolation** |  | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |
| **8. Please provide an estimate of the number of beneficiaries of the proposed project:** | | | | | | | | | | | | |
|  | | | **Male** | | **Female** | | **Other Gender (eg. non-binary)** | | | | **Total** | |
| **Number of children / young people (<18 years)** | | |  | |  | |  | | | |  | |
| **Number of adults (>18 years)** | | |  | |  | |  | | | |  | |

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| **9. Please indicate what geographical area your project represents (If your electoral division is known please indicate which DED)** |  |

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| **PROJECT DETAILS – SECTION TWO**  **10.Describe the proposed project for which a grant is now being sought. What does it aim to achieve? How will you deliver the project? What geographical area does your project cover? Who will benefit from your project? What are the expected outcomes of your project?** |
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| **11. Evidence of need: How did your group determine the need for this project? Please add any statistical data or local knowledge which informed the development of your project. Please outline who you consulted with in developing the plan for this application.** |
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| **12. How does this project fit with the aims and objectives of the ‘Envision Inishowen’ consultation findings and the ‘People Place Progress’ strategy of the Inishowen Development Partnership? (E.g., tackle poverty and social exclusion with specific reference to the beneficiaries / target groups? )** |
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| **13. What is innovative about your project? (e.g. is it a new programme you are piloting? how does it link to the Sustainable Development Goals?)** |
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| **14. If this project is approved,what are the start and end dates of the project?** |
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| **15. Describe how your group / organisation will measure the achievements and impact of the proposed project? (e.g., attendance sheets, evaluation forms, feedback etc)** |
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| **16. Please provide a breakdown of the costs of your project?** |
| |  |  |  | | --- | --- | --- | | **Item** | **Cost** | **Requested for grant aid by IDP. Please tick as appropriate** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Total** | **€** | **€** | |
|  |
| **17. If applicable - Give details of any additional sources of funding which are available for this project, for example, cash on hand, donations, fund-raising activities, and so on.** |
| |  |  | | --- | --- | | **Source** | **Amount** | |  | **€** | |  | **€** | |  | **€** | |
| **18. Please list all grant aid / funding which your group or organisation has received in the last three years in the table provided below:** |

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| **Funding Organisation** | **Purpose of Funding** | **Date Approved** | **Amount €** |
|  |  |  |  |
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| **Total €** | | |  |

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| **19. Is your group currently registered on the PPN database of community groups?** | **Y=YES** |  | **N=NO** |  |
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| **20. Inishowen Development Partnership may be in a position to offer your group/organisation non-financial support i.e., committee skills training, finance training, capacity building, SDG workshops, other (as required) or refer to appropriate organisations. Please tick any additional training supports required by your group.** |
| |  |  |  |  | | --- | --- | --- | --- | | **Financial Training** |  | **Advocacy** |  | | **Committee Skills** |  | **Capacity Building** |  | | **Governance** |  | **Intercultural Training** |  | | **Social Media Training** |  | **Funding application preparation** |  | | **Event Planning** |  | **Other (Please specify):** |  | |

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| **21. Does your group have the necessary insurances in place to deliver the project?** | **Y=YES** |  | **N=NO** |  |

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| **22. Bank Account Details – please provide details of the bank account which your group or organisation will use for all financial transactions on this project.** | |
| **Name of Bank:** |  |
| **Address of Bank:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |
| **IBAN:** |  |
| **Payee Name & Address (as per your bank statement)** |  |

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| **Checklist:** ***Please Ensure that you have completed all questions (refer to the guidance notes if necessary) and the accompanying questionnaire on the needs of your group/community. Thank You*** |

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| **SECTION THREE** | **DECLARATION AND DATA PROTECTION DISCLOSURE** |

**The following Declaration, and Data Protection Disclosure, must be signed and dated by two members of your group or organisation’s management committee, one of whom MUST be the Chairperson.**

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| --- | --- | --- | --- |
| **23. DECLARATION** | | | |
| ***We, the undersigned, apply to Inishowen Development Partnership for a grant under SICAP towards the project described in this application. We declare that all the information given is true and complete to the best of our knowledge and belief. We acknowledge that any funds awarded must be used for the purpose stated and not used to replace existing funding or finances. We also accept, as a condition for the allocation of funding, that it involves no commitment to any other grants from IDP. Furthermore, the proposed project will not involve duplication of existing funding, services, activities, or resources of the group. We, the undersigned, agree to have the project monitored by the relevant authorities and to allow access to premises and records, as necessary for that purpose.*** | | | |
| **24. DATA PROTECTION DISCLOSURE** | | | |
| ***We, the undersigned, hereby consent in accordance with the Data Protection Acts 1998 and 2003, that Inishowen Development Partnership, Pobal and the Department of Environment, Community and Local Government will be given access to all activities and records related to the project and shall be entitled to publish, in accordance with the funders requirements on information and publicity, details of the Grant Aid and the purposes and result of such expenditure.*** | | | |
| **Name (BLOCK CAPITALS)** |  | **Name (BLOCK CAPITALS)** |  |
| **Signature** |  | **Signature** |  |
| **Position in group / organisation** | **Chairperson** | **Position in group / organisation** |  |
| **Date:** |  | **Date:** |  |

**FOR OFFICE USE ONLY**

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| **Type of Group. eg. Issue/area-based** | | |  |
| **Application Received Date** | | |  |
| **Details of other EU Funding if Applied** | | |  |
| **Details of Matching Funding** | | |  |
| **Checked with other Agencies** | | |  |
| **Tax Clearance Certificate (if over €6,350)** | | |  |
| **Date of approval by Sub-Committee** | | |  |
| **Date of Approval by Board** | | |  |
| **Amount Approved** | | |  |
| **Payments Instalments, Cheque & a/c No.** | | |  |
| **Date of Monitoring Visit** | | |  |
| **Comment** |  | | |
| **Group objectives** |  | | |
| **Expected outcomes** |  | | |
| **Linkages** |  | | |
| **Financial Report from Grantee** | |  | |
| **Final Report** | |  | |

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