

Small Grants Programme 2024

Application Form

Applications are welcome from Community Organisations (COs) - community and voluntary groups and social enterprises - 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 [www.inishowen.ie](http://www.inishowen.ie).

**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:**

**5.00pm Friday, March 22, 2024**

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| **SECTION ONE**  | **APPLICANT DETAILS**  |
| **1. Name of group or organisation:** |  |
| **2. Please identify the legal status of your community group or voluntary 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. This question is for Social Enterprise Applicants – please note as per the new guidelines only micro-social enterprises are eligible for IDP Small Grant programme. Please confirm the number of employees is below 10.**  |
| **Yes (Y)** |  | **No (N)** |  |
| **4. Contact details (include person who will manage the project)** | **Contact – Chairperson** | **Contact – Other, please state****(e.g. Committee, Director or staff member)** |
| **Name:** |  |  |
| **Position / Job title:** | **Chairperson** |  |
| **Address:** |  |  |
| **Telephone (landline):** |  |  |
|  **Mobile number:** |  |  |
| **E-mail address:** |  |  |
| **5. Please provide a brief background history of your group / organisation i.e. how and why your group was established, its mission, aims, objectives, main activities:** |
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| **6. Date of establishment of group or organisation:** |  | **Month** |  | **Year** |
| **7. Date of last AGM** |  | **Month** |  | **Year** |
| **8. The Social Inclusion Community Activation Programme (SICAP) identifies categories 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/thematic areas based on their personal circumstances. Please select the target groups/thematic areas expected to benefit from your project. Select up to a maximum of three only, by inserting “Y” for “YES” in the table below.**  |
| Please select up to a **maximum of three** most relevant to your project: |
| **People living in disadvantaged communities****Disadvantaged Women** |  | **Older People in isolation** |  |
| **People impacted by educational disadvantage** |  | **Refugee and Migrant Rights Integration** |  |
| **People living in jobless households where primary income is low-paid or precarious** |  | **Climate Action and Just Transition** |  |
| **People with criminal history** |  | **Addiction** |  |
| **Refugees**  |  | **Homelessness** |  |
| **International Protection Applicants** |  | **LGBTQI+** |  |
| **People with Disabilities** |  | **Youth** |  |
| **Heads of One Parent Families** |  | **Gender** |  |
| **The Travelling Community** |  |  |  |
| **Roma** |  |  |  |
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| **9. Please provide an estimate of the number of beneficiaries of the proposed project:** |
|  | **Male** | **Female** | **Other Gender (e.g. non-binary)** | **Total** |
| **Number of children / young people (<18 years)**  |  |  |  |  |
| **Number of adults (>18 years)** |  |  |  |  |
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| **10. 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****11.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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| **12. 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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| **13. 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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| **14. What is innovative about your project? (e.g. is it a new programme you are piloting? Does it link to the Sustainable Development Goals? Does it meet the objectives of the Climate Action Plan?)** |
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| **15. If this project is approved,what are the start and end dates of the project?** |
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| **16. 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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| **17. Please provide a breakdown of the overall costs of your project.** |
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| **Item**  | **Cost** | **Requested for grant aid by IDP. Please tick as appropriate** |
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|  |  |  |
|  |  |  |
| **Total** | **€** | **€** |

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| **18. If applicable - Give details of any additional sources of funding which are available for this project/ application, for example, cash on hand, donations, fund-raising activities, and so on.** |
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| **Source** | **Amount** |
|  | **€** |
|  | **€** |
|  | **€** |

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| **19. Please list all grant aid / funding which your group or organisation has received in the last three years in the table provided below (use additional space if required):** |

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

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| **20. Is your group currently registered on the PPN database of community groups?** | **Y=YES** |  | **N=NO** |  |

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| **21. 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 referral to appropriate organisations. Please tick any additional training supports required by your group.** |
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| **Financial training** |  | **Advocacy** |  |
| **Committee skills**  |  | **Capacity building & succession planning** |  |
| **Governance & compliance with the Charity Regulator** |  | **Intercultural training** |  |
| **Social media training** |  | **Funding application preparation** |  |
| **Canva** |  | **Sustainable Development Goals** |  |
| **Event planning** |  | **Climate Action & Just Transition** |  |
| **L5 Environment and Sustainability** |  | **Other (Please specify):** |  |

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| **22. Does your group have the necessary insurances in place to deliver the project?**  | **Y=YES** |  | **N=NO** |  |

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| **23. 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:** |  |
| **Account number:** |  |
| **IBAN:** |  |
| **BIC:** |  |
| **Payee name & address:****(as per your bank statement)** |  |

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| **Checklist: Please ensure that you have completed all questions and reviewed the accompanying guidance notes for applicants. 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.** |
| **24. 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.*** |
| **25. 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:** |  |

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