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Integration Supports for New Communities

Small Grants Programme 2024 R2

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).

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.

**Please note the target groups/thematic areas for this fund are:**

**Refugees/International Protection Applicants/Refugee and Migrant Rights Integration**

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 applications should be returned via hard copy to Rachel Grant, Inishowen Development Partnership, St Mary’s Road, Buncrana, Inishowen, Co. Donegal or via email to** [**rachel@inishowen.ie**](mailto:rachel@inishowen.ie) **to be received not later than closing date below.**

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

**5.00pm Monday, September 30th, 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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| **PROJECT DETAILS – SECTION TWO**  **6. 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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| **7. Evidence of need: How did your group determine the need for this project? Please add any details that informed the development of your project. Please outline who you consulted with in developing the plan for this application. (e.g. who you spoke with from new communities’ members/nationalities)** |
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| **8. Please provide an estimate of the number of beneficiaries of the proposed project:** | | | | |
|  | **Male** | **Female** | **Other**  **(e.g. non-binary)** | **Total** |
| **Number of children / young people (<18 years)** |  |  |  |  |
| **Number of adults (>18 years)** |  |  |  |  |
| **9. Please indicate what geographical area your project represents (If your electoral division is known please indicate which DED)** |  | | | |

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| **10. If this project is approved, what are the start and end dates of the project?** |
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| ***Please note: A short report will be required upon project completion. Please ensure project information is recorded to allow you to demonstrate and measure the achievements and impact of the proposed project. (e.g., attendance sheets, evaluation forms, feedback etc)*** |
| **11. Please provide a breakdown of the overall costs of your project.** |
| |  |  |  | | --- | --- | --- | | **Item** | **Cost** | **Requested for grant aid by IDP. Please tick as appropriate** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Total** | **€** | **€** | |
| **12. 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.** |
| |  |  | | --- | --- | | **Source** | **Amount** | |  | **€** | |  | **€** | |  | **€** | |

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| **13. Is your group currently registered on the PPN database of community groups?** | | | | | **Y=YES** |  | **N=NO** |  |
| **14. Does your group have the necessary insurances in place to deliver the project?** | | | | | **Y=YES** |  | **N=NO** |  |
| **15. 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)** | | |  | | | | | |
| **Checklist: Please ensure that you have completed all questions and reviewed the accompanying guidance notes for applicants. Thank you.** | | | | | | | | |
| **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.** | | | | | | | | |
| **16. 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.*** | | | | | | | | |
| **17. 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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