

**2019/20 SMALL CAPITAL GRANT APPLICATION FORM**

**This is an application for funding from the 2019/20 Small Capital Grant Programme aimed at ensuring voluntary and community organisations are supported to provide vital services to the local community. This is a Department for Communities (DfC) initiative which is being administered by Co-operation Ireland who have been appointed as an Intermediary Funding Body (IFB). Any grant awarded will be for a maximum of £5,000 and will directly support the key objectives of the Programme.**

**Note: This grant is only eligible for expenditure incurred from the date of award until 31 March 2020.**

**This form should be completed by the principal contact of the lead partner for this application**

1. Name and address of Lead Organisation:

|  |  |  |
| --- | --- | --- |
| Name of Lead Organisation |  | |
| Address |  | |
|  |  | |
| Post Code |  | |
| Contact Person |  | |
| Phone - Landline |  | |
| Phone - Mobile |  | |
| Email |  | Website |
| Council Area |  | |
| NI Assembly Area |  | |
| How did you hear about this grant? |  | |

1. Tell us about all of the partners that are involved in this project

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Address | Representative | Contact details |
| Partner 1 |  |  |  |  |
| Partner 2 |  |  |  |  |
| Partner 3 |  |  |  |  |
| Partner 4 |  |  |  |  |
| Partner 5 |  |  |  |  |
| Partner 6 |  |  |  |  |

3 What Sector(s) do the organisations in your partnership/consortium fall under (please tick as appropriate):

|  |  |
| --- | --- |
| Faith |  |
| Sport |  |
| Arts |  |
| Disability |  |
| Health |  |
| Youth |  |
| Elderly |  |
| Early Years |  |
| Culture |  |
| Women |  |
| Men |  |
| Community Development |  |
| Other (please specify) |  |

4. If your group is part of a larger organisation, please name this organisation below:

|  |
| --- |
|  |

5. What was the annual income of your organisation in the last financial year?

**NB: only organisations with an annual unrestricted income of less than £100,000 are eligible to apply**

|  |
| --- |
|  |

6. In order to be eligible, organisations must have an agreed constitution. Do you have a constitution in place?

Yes No but will complete by date

7 Please briefly list the main activities of each applicant organisation:

|  |  |
| --- | --- |
| Lead Partner |  |
| Partner 1 |  |
| Partner 2 |  |
| Partner 3 |  |
| Partner 4 |  |
| Other Partners |  |

8 Bank Details.

|  |  |
| --- | --- |
| Account Name: |  |
| Bank/Building Society Name: |  |
| Bank/Building Society Address: |  |
| Sort Code: |  |
| Account Number: |  |

**Please provide responses to the following questions. You should refer to the enclosed Guidance Notes for Applicants.**

9. How will the range and quality of services available to the local community be improved by this funding? (Max 500 words or 2500 characters)

|  |
| --- |
|  |
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10. How do the organisations in your consortium work in partnership? (Max 500 words or 2500 characters)

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11. How will this funding enhance good relations within and between local communities?

(Max 500 words or 2500 characters)

|  |
| --- |
|  |
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|  |

12. How will the capacity of community groups to deliver services to the community be enhanced by this funding? (Max 500 words or 2500 characters)

|  |
| --- |
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13. How will the impact of this funding be assessed? (Max 500 words or 2500 characters)

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| --- |
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14. **The maximum grant you can apply for is up to £5,000.** Please note that maximum grant is dependent on the number of organisations that are a part of the partnership/consortium of this application.

* 2 partner groups = can apply for up to £1,500
* 3 - 4 partner groups = can apply for up to £3,500
* 5+ partner groups = can apply for up to maximum £5,000

Please outline below how you will allocate the grant applied for:

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Description of items** | **Quantity** | **Total Cost** |
| **Sports Equipment:** |  |  | £ |
| **Furniture:** |  |  | £ |
| **Music Equipment** (no instruments allowed)**:** |  |  | £ |
| **Play Equipment:** |  |  | £ |
| **Kitchen Equipment/ White Goods:** |  |  | £ |
| **Electrical /IT equipment:** |  |  | £ |
| **Minor capital works:** |  |  | £ |
| **Other Capital Items** |  |  | £ |
| **TOTAL GRANT APPLIED FOR** |  |  | £ |

15. Have you applied to any other funder for the same activity/product? If so please give details below.

|  |
| --- |
|  |

**16. Equality Monitoring - who will benefit from your project? -** Your answers will help us to understand who benefits from our funding, but this information is not used to decide if the project will be funded. Please tick those boxes which best describe the groups who will benefit from this project

|  |  |
| --- | --- |
| **Will your project mostly benefit people of a particular gender?** | |
| Both males and females |  |
| Mostly males |  |
| Mostly females |  |

|  |  |
| --- | --- |
| **Will your project mostly benefit people from a particular age group?** | |
| All age groups |  |
| Mostly 0 – 24 years |  |
| Mostly 25 – 64 years |  |
| Mostly 65 + years |  |

|  |  |
| --- | --- |
| **Which community do the people who will benefit from your project belong to** | |
| Neither Catholic or Protestant |  |
| Mainly Catholic |  |
| Mainly Protestant |  |
| Both Catholic and Protestant |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Will your project mostly benefit people of a particular religion or belief?** | | | |
| Christian |  | Jewish |  |
| Muslim |  | Sikh |  |
| Hindu |  | Buddhist |  |
| Other religions or beliefs |  | No particular religion or belief |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Will your project mostly benefit people from a particular ethnic background?** | | | |
| White |  | Black Caribbean |  |
| Black African |  | Black Other |  |
| Bangladeshi |  | Indian |  |
| Pakistani |  | Chinese |  |
| Mixed Ethnic background |  | Irish Traveller |  |
| Other (please indicate) |  | | |

|  |  |
| --- | --- |
| **Will your project mostly benefit people of different marital status?** | |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| **Will your project mostly benefit people with caring responsibilities?** | |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| **Will your project mostly benefit people with disabilities?** | |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| **Will your project mostly benefit members of the LGBT community?** | |
| Yes |  |
| No |  |

**DECLARATION**

We confirm that the information in this application is correct and, if successful, we will comply with all requirements of the Department for Communities Small Capital Grants Programme.

We agree to fulfil all data protection obligations as they pertain to all aspects of this project including management, delivery, data collection and reporting.

We agree to this information being made available to other funders including other Government Departments and Agencies.

We also accept that this information may be published by the Department for Communities.

**CHECKLIST** The following documents must be attached to your application

|  |  |  |  |
| --- | --- | --- | --- |
| Constitution |  | Accounts/income expenditure |  |
| Last Bank Statement |  | Partnership Agreements |  |
| Copies of Quotations for items requested | | |  |
| Confirmation of ownership/Lease of Property/Land (if relevant) | | |  |
| Proof of Planning Permission /Building Approval (if relevant) | | |  |

**SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation** | **Name** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Please submit completed application and all supporting documentation in PDF or Microsoft Word to**

[**smallcapitalgrants@cooperationireland.org**](mailto:smallcapitalgrants@cooperationireland.org)

**Alternatively, these documents can be posted to:**

Grants Team, Co-operation Ireland

Unit 5N, Weavers Court Business Park

Linfield Road

Belfast

BT12 5GH

**Completed applications must be received by 5.00 pm on Wednesday 9th October 2019**

**Applications received after this deadline will not be accepted**

**Partnership/Consortium Agreement Template**

I can confirm that our group \_\_\_\_(name of organisation)\_\_\_\_\_agree to be a member of a partnership/consortium along with \_\_\_\_\_\_\_(name of lead partner)\_\_\_\_\_\_\_\_.

I confirm that our group is constituted and has an income of less than £100k.

We agree that we can only be a member of one partnership/consortium in relation to applications made to the DfC 2019/20 Small Capital Grants Programme.

We agree that any funding received under the Programme will be to the benefit of all partner organisations.

We agree that the lead administrative partner will complete all paperwork on our behalf.

We agree that the grant will be paid into the bank account of the lead administrative partner in order to purchase the capital/equipment.

Role:

Name:

Signature:

Date: