

 Application Form

SICAP Ukrainian Support Programme 2022

Small Grants Programme

Community Response (Ukraine Programme)

2022

Inishowen Development Partnership continues to apply the ‘People, Place, Progress’ strategy to support those fleeing the conflict in Ukraine by empowering ‘local’ response through collaboration with the voluntary and community sector. The Small Grants Programme aims to enable ‘local’ community initiatives to assist the increasing numbers of arrivals in Inishowen towards self-advocacy and to ensure a coordinated national humanitarian response to people fleeing the conflict in Ukraine. IDP (as part of its Community Response Support Programme) is now inviting applications for small grants towards initiatives and actions by the community and voluntary sector. This is part of a specific response and sits under 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 applications should be returned via email to enquiries@inishowen.ie**

**Closing date Friday, October 28th 2022 1pm.**

|  |  |
| --- | --- |
| **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** | **Contact – Chairperson** | **Contact – Other** **please state (e.g. Committee, Director or Staff member)** |
| **Name:** |  |  |
| **Position / Job Title:** |  |  |
| **Address:** |  |  |
| **Telephone (landline):** |  |  |
| **Mobile Number:** |  |  |
| **E-mail address:** |  |  |
| **4. Please provide a brief background of your group aims, objectives & main activities.** **If applicable, please also add in details of supports you are providing for Ukrainians in your area:** |
|  |
| **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 two additional priority areas 2021/22) 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 |  | **People with Disabilities** |  |
| **Priority Area 2021/22** **Mental Health (including youth)** |  | **Priority Area 2021/22****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)** |  |  |  |  |

|  |  |
| --- | --- |
| **9. Please indicate what geographical area your project represents (If your electoral division is known please indicate which DED)** |  |
| **PROJECT DETAILS – SECTION TWO****10.Describe the proposed project / activities 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?**  |
|  |
| **11.Describe / give evidence of need: How did your group determine the need for this action / 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.** |
|  |
| **12.How does your proposal / project fit with the local area response to the Ukrainian crisis?**  |
|  |
| **13. What are the expected outcomes of your project? (e.g. integration of Ukrainian community, improved access for young people, translation of materials etc)** |
|  |
| **14. If this project is approved,what are the estimated start and end dates of the project?** |
|  |
| **15. Describe how your group / organisation will measure the achievements and impact of the proposed project/activities? (e.g., attendance sheets, evaluation forms, feedback etc)** |
|  |
| **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:** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **19. Is your group currently working with any of the local area Hubs supporting Ukrainians in Inishowen?** | **Y=YES** |  | **N=NO** |  |
| **Which area?** |
|  |

|  |
| --- |
| **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). Please tick any additional training supports required by your group.** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Training** |  | **Advocacy** |  |
| **Committee Skills**  |  | **Capacity Building** |  |
| **Governance** |  | **Intercultural Training** |  |
| **Smart Village Training** |  | **Other (Please specify):** |  |

 |

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

|  |
| --- |
| **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:** |  |
| **Name and address of payee:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |
| **IBAN:** |  |

|  |
| --- |
|  **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*** |

|  |  |
| --- | --- |
| **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.**

|  |
| --- |
| **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**

|  |  |
| --- | --- |
| **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**  |  |

****