 

**Local Community Grant**

**Application Form 2018/19 P2**

For **Women, Families** and **Children in**

**Ballinascreen, Sixtowns, Moneyneena, Straw**

Grant aid fund is available to eligible community-led and voluntary organisations who will primarily focus on supporting **Women, Families** and/or **Children** through a project in any or all of the four areas ofBallinascreen, Sixtowns, Moneyneena, and Straw.

The fund aims to assist groups tackle rural poverty and / or social isolation in the local community to 31st January 2019 only. Funding can be used either for short term, capital projects (computers, refurbishments, equipment etc) or longer term revenue / running costs (e.g. wages, rent, utility costs etc). There are 4 themes under which you may be funded:

1) Health and Well-being, 2) Education/IT, 3) Leisure/Recreation, 4) Community Facilities/Environment.

There are 2 grant streams available: **Grant (A) up to £2000** maximum and **Grant (B) max £500 for those who received under Phase 1 in 2016/17.** All grant rate is offered at 100%. CWSAN is delivering this on behalf of the Mid Ulster Community Network and partner donors as part of our Rural Poverty & Social Isolation programme. Please read Guidance notes before completion of your application form. ***Please return your completed form and scanned, electronic attachments by email to:*** [***info@cwsan.org***](file:///C:\Users\conor\Desktop\info@cwsan.org)

*If you are* unable to submit online then the completed application form and attachments (e.g. constitution, insurance certificate/schedule, quotes, etc.) should be returned in a sealed envelope, clearly marked **Local Community** **Grant Application** to:

***CWSAN/MUCN, The Crieve Centre, 2 Hillhead, Stewartstown, BT71 5HY***

### Applications must be received by 12 Noon on Thursday 21st June 2018.

### Late or incomplete applications will NOT be accepted.

**Please complete the form in black ink and in BLOCK CAPITALS or type in font size 12.**

**Section 1: About your Organisation**

* 1. Name of organisation / applicant.

* 1. Name of Contact Person. (should be available to answer queries Monday-Friday)
  2. Position held in organisation.
  3. Full registered postal address of organisation.
  4. Address for Correspondence. (If different from above)

Postcode:

* 1. Telephone Landline: Mobile:
  2. E-mail Address:
  3. If you have any particular communication needs, please tell us what they are.

none

* 1. Please outline the main aims, objectives and remit of your organisation.
  2. Are you a not-for-profit, voluntary organisation? YES NO

If you have a Charity number please enter it here:

* 1. Is your organisation VAT registered?YES NO

1.12 Does your group have relevant required policies and procedures if working

with children or vulnerable adults

YES NO

1.13 Does your group have the relevant and in date required insurances in place

to allow your project to be delivered

YES NO

1.14 Have you received grant aid or funding in the last 3 years from any other source?

YES NO

* 1. If Yes, how much did you receive and for what purpose did you receive these grants?

## Section 2 - About your Project

* 1. Title / Description of Project:
  2. Which of the 4 areas : **Ballinascreen, Sixtowns, Moneyneena, Straw** will benefit from the project?

2.3 **Please clearly describe what your project is, what the grant will be used for, why it is needed and how you will deliver your project. (**max 250 words)

2.4 **Please describe how your project will focus on supporting Women, on their families and/or Children and how will it contribute to reducing rural poverty and social isolation in your local community.** (max 200 words)

2.5 Which theme will the project principally focus on?

(Please tick **only** one box, as most appropriate to your project)

Health and Well-Being

Education and/or Information & Communications Technology (IT)

Leisure and Recreation

Community Facilities and/or Environment

2.6 How many Women will benefit from your project? ………………………

How many Children will benefit from your project?

How many Families will benefit from your project? …… ……………………….

*Please note: Projects may focus specifically on either Women, on their families or on Children. Your project does not need to focus on all these categories.*

## Section 3 - Funding your Project

3.1 This grant can provide 100% of the total cost of your project up to a maximum grant of £2000 in Grant stream (A) or maximum £500 in Grant stream (B). Please give details of total amount requested and we reserve the right to offer a lesser amount. *Please chose only either Grant A or Grant B.* **N.b. Grant (A) up to £2000** maximum and **Grant (B) max £500 for those who have already received funds under Phase 1 in 2016/17.**

|  |  |
| --- | --- |
| **Grant** | **Total Amount requested (£)** |
| **Grant A ( max £2000)**  **OR** |  |
| **Grant B ( max £500)** |  |

3.2 What is the estimated Total cost of the project?

Please provide a breakdown of the estimated costs of the various parts of your project, either Capital or Revenue costs, **(based on the lowest quotation**). Please ensure you **complete Annex A** below highlighting the preferred quotation/ supplier and return along with supporting information showing that value for money will be sought when purchasing items or paying for services ( at least 2 written or recently dated internet search print-outs for each item **must** be provided with your application). Note that second-hand equipment is not eligible. For revenue costs such as Electricity, evidence of last years bills will suffice.

|  |  |  |
| --- | --- | --- |
| **Capital (Items) e.g computers** | **Revenue / Running e.g electricity** | **Estimated total Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

3.3 Grants are paid out at 80% of total prior to project commencement. A further final 20% will be paid post project completion and submission of relevant documentation. N.b. The deadline for full Project Expenditure will be January 31st 2019.

## Section 4 - Additional Information

* 1. Please provide any other information which you consider relevant to your application. ( max 250 words)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Estimated costs – quotes received** | | | | **Preferred Supplier** | **Cost** |
| Supplier 1 | Quote | Supplier 2 | Quote |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Evidence of Value for Money Annex A**

Please use this form to provide detail of the quotes that you have obtained in respect of the projects individual items or running costs. Continue on a separate sheet if necessary.

NB:

* At least **2 quotes from 2 separate** suppliers should be sought for each item
* Quotes should be ‘like-for-like’, particularly where items are specific e.g. computer /tuition/ etc., quotations for the same make and model of products and for the same number of courses or sessions etc must be provided.
* Written quotes should be addressed to your organization and dated after 4th July 2016.
* Any Internet quote searches should be dated, printed off and sent with your application – we will not accept website addresses / links to websites.
* The lowest quotation MUST be selected with corresponding costs detailed on the application form.
* Please note that CWSAN will reimburse only on the cost of the lowest quotation.

**CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you filled in all parts of the form, including Annex A ? |  | Have you included a fully costed breakdown of the project budget? |  |
| The following documents **must** be attached to your application: | | | |
| Constitution / Governing documents |  | Accounts / Audit –most recent year |  |
| Recent Bank / Building Society Statement (within 3 months) |  | 2 like for like quotations for each item/activity |  |

Please ask for assistance or clarification on any of the above from CWSAN by calling:

028 8773 8845

### DECLARATION

**Note:** If returning your completed Application Form by post or by hand, signatures are required from two persons in authority within your organisation including the Chairperson and another office bearer e.g. Secretary or Treasurer. If you are returning the Application Form electronically, then type in the appropriate names below. If your application is successful, appropriate signatures will be collected through the Letter of Offer process.

|  |  |
| --- | --- |
| **Signed:** | **Chairperson** |
| **Name:**  **(block caps)** | **Date:** |

|  |  |
| --- | --- |
| **Signed:** | **Position held:** |
| **Name:**  **(block caps)** | **Date:** |

|  |
| --- |
| **Closing Date for receipt of completed application forms is:**  **12 Noon on Thursday 21st June 2018**  **No LATE or INCOMPLETE applications will be accepted.** |

## Data Protection and Freedom of Information Issues

CWSAN take data protection and freedom of information issues seriously. We take care to ensure that any personal information supplied is dealt with in a way which complies with the requirements of the Data Protection Act 1998 and GDPR 2018. This means that any personal information you supply will be processed principally for the purpose for which it has been provided. However, CWSAN may also use it for other legitimate purposes in line with government requests in relation to the Data Protection Act 1998 and Freedom of Information legislation. These include:

* + - Occupational health and welfare;
    - Compilation of statistics;
    - Disclosure to other organisations/agencies when required to do so;

### WARNING

**To knowingly or recklessly make a false statement to obtain aid for yourself or anyone else, will lead to disqualification, liability to refund of any aid already paid and possible prosecution.**

**The information provided on this form may be made available to Departments/Agencies for the purposes of preventing and detecting crime.**