

**CENTRAL GOOD RELATIONS FUNDING PROGRAMME**

**Application for SMALL GRANT Funding 2018/19**

Please read the **Guidance Notes** before you fill in this form.

Copies of the Guidance Notes and Application Form are available to download at <https://www.executiveoffice-ni.gov.uk/tbuc>. Please complete this form by hand in black ink or by word processing on your computer, using Arial font size no less than 10 point.

**QUESTIONS, FORMATTING AND BOXES IN THIS APPLICATION MUST NOT BE CHANGED OR RESIZED. ALTERED FORMS WILL BE REJECTED.**

Please answer each question in the box provided. No additional documentation will be considered. Please do not send any additional brochures or leaflets at this stage (except constitution and job descriptions, if applicable). If an application is deemed to be incomplete it may be rejected. **PLEASE SEE SECTION D FOR DETAILS ON SUBMITTING YOUR APPLICATION.**

**THE APPLICATION PROCESS FOR SMALL GRANTS FUNDING WILL REMAIN OPEN THROUGHOUT THE YEAR. SMALL GRANT PROJECTS MUST BE DELIVERED AND FUNDING SPENT BY 31 MARCH 2019.**

## Section A - About Your Organisation

|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Primary name and position in organisation** |  |
| **Primary contact telephone number (incl. code) / mobile number** |  |
| **Primary e-mail address** |  |
| **Secondary contact name and position in organisation** |  |
| **Secondary contact telephone number (incl. code) / mobile number** |  |
| **Secondary e-mail address** |  |
| **Website** |  |
| **Address of organisation** |  |
| **Postcode of organisation** |  |

**What is the legal status of your organisation?**

Association  Trust  Company Limited by Guarantee

Community Interest Company  Charitable Incorporated Organisation

Industrial and Provident Society  Other (Please specify)

**Section B - About Your Proposal**

*Your answers to the following questions must show how your proposal meets the aims of the programme and the funding criteria set out in the guidance notes.*

**B.1 About Your Proposal**

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| **What is the name of your project?** |  | |
| **How much funding are you requesting for this project from The Executive Office?** |  | |
| **When do you expect your project to happen?** | Start date (day/month/year) | End date (day/month/year) |
|  |  |
| **How many people do you expect to participate in your project?** | Direct participants | Indirect participants |
|  |  |
| **Where will the project have an impact?**  *Please complete this section in relation to the geographic location(s) where the project will have an impact. You should include the District Council area as well as a more detailed breakdown, for example, Towns / Villages / Townlands / Estates participants will be from.* | | |
| **District Council** |  | |
| **Please provide a further breakdown of the area of impact. *For example, Towns / Villages / Townlands / Estates participants will be from.*** |  | |

**B.2 Please detail the *GOOD RELATIONS* need you have identified and provide a short description of your proposed project including who the participants will be.**

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| Please provide evidence of the *Good Relations* need that has been identified. *You will be expected to include any research or statistical evidence, for example, PSNI/NISRA statistics.* |
|  |
| Provide a short description of your project, including what it will do to address the good relations need identified. *If you will work in partnership with any other group(s) please include details here.* |
|  |
| Who are the participants? What group(s) are you targeting and in what area(s)? |
|  |

**B.3 Outline how your project meets the criteria for this funding scheme.**

**1.** **Essential Criteria** – Provide details of the extent to which your project contributes towards the delivery of one or more of Together: Building a United Community priorities and associated outcomes that are most relevant to your proposed project\*. Please see the priorities and outcomes at Annex A and examples of outcomes at Annex B of the Guidance Notes.

***\* Please note you will not be penalised if your project does not contribute to more than one key priority. IT IS IMPORTANT TO IDENTIFY THE PRIMARY/MAIN OUTCOME YOUR PROJECT WILL HAVE THE BIGGEST IMPACT ON. It may be more beneficial to contribute well to one main outcome rather than try to contribute to all.***

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| **kEY Priority 1: Our Children and Young People** |
| 1.1 Improved attitudes between young people from different backgrounds. |
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| 1.2 Young people engaged in bringing the community together. |
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| **Key Priority 2: Our Shared Community** |
| 2.1 Increased use of shared space and services (e.g. leisure centres, shopping centres, education, and housing). |
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| 2.2 Shared Space is accessible to all. |
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| **Key Priority 3: Our Safe Community** |
| 3.1 Reduce the prevalence of hate crime and intimidation. |
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| 3.2 A community where places and spaces are safe for all. |
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| **Key Priority 4: Our Cultural Expression** |
| 4.1 Increased sense of community belonging (widens contribution beyond community background). |
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| 4.2 Cultural diversity is celebrated. |
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**2. Additional Criteria** – Outline, *if appropriate*, how your project targets one or more of the following criteria and detail the outcome that you plan to achieve.

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| Engages particularly hard-to-reach groups. Please demonstrate how you access and maintain engagement with these groups and how you intend to recruit for this project. |
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| Engages with people who have had limited or no engagement in peace building to date. |
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| Delivers in an area of high community tension or interface. |
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| Uses play, sport and leisure to deliver outcomes. |
|  |

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| Provides opportunity for sustained contact throughout the project and a clear road map to increase cross community contact. |
|  |

**Has your organisation received Good Relations Funding from the Executive Office in previous years?**

Yes  No

**If ‘*Yes’*, please provide details below, including the name of project, the year funded, the amount funded and the outcomes achieved.**

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**B.4** Detail the activities and associated outcome(s) in Together: Building a United Community that your project will contribute to; the main activities that will be undertaken (what you propose to do); the outcome measurement for each of these activities that will be achieved (how the participants will be better off as a result of your project); and how you intend to measure progress in meeting these outcomes. These outcomes will form the basis of the Letter of Offer should the Department approve your application for funding and will be used to inform monitoring and evaluation of the project.

**Agreed Activity, Targets and Output Measures.**

**Thinking about the outcome(s) you intend to contribute towards please complete the table below. List each and every activity individually. Annex B in the Guidance Notes provides more detail on how the ‘Output Measure’ and ‘Outcome’ columns should be completed.**

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| --- | --- | --- | --- | --- |
| **Name of Project and Activity Descriptions** | **Target Date** | **Output Measure** | | **Outcome** |
| **How much will you do?** | **How will you measure how well you have delivered your output?** | **Is anyone better off as a result?** |
| *[Name of project]*  *[Description of what you are doing* | *[Date]* | *[No of participants]*  *[No of events]*  *[Community split]*  *[Ethnic split, if applicable]*  *[Age Range]* | *[How you will evidence]* | *[T:BUC key priority / outcome]*  *[T:BUC project level outcome]*  *{See Guidance Notes - Annex B}* |
| ***Example:***  *‘Halloween cross-community event*  *Delivery of Halloween cross-community event to include:*   * *Workshops: Diversity, Cultural Awareness, Arts and Crafts, Music* * *Showcase Halloween event* | ***Example:***  *June 2018 – March 2019* | ***Example:***  *20 participants*  *4 x Workshops*  *1x Halloween event*  *45% - PUL*  *45% - CNR*  *10% - Other*  *10% BME*  *Age range - 25-45 years* | ***Example:***  *Attendance Registers*  *Participant engagement and satisfaction*  *Evaluation forms*  *Evidence*  *Collation of responses from baseline/exit questionnaires/ evaluation forms* | ***Example:***  *Key priority 2.1 – Our Shared Community*  *% increase in the number of participants who feel comfortable socialising in a shared space or space they would not traditionally visit*  *Key priority 4.2 – Our Cultural Expression*  *% increase in the number of participants who think the culture and traditions of the Catholic/Protestant/Minority Ethnic Community add to the richness and diversity of Northern Ireland* |

| **Name of Project and Activity Descriptions** | **Target Date** | **Output Measure** | | **Outcome** |
| --- | --- | --- | --- | --- |
| **How much will you do?** | **How will you measure how well you have delivered your output?** | **Is anyone better of as a result?** |
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## Section C - Financial and Management Information

**C.1 What management and financial controls will be in place to ensure that these objectives are delivered on time and within budget?**

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**C.2 Is your organisation currently in receipt of funding from a Government Department, European Programme or the International Fund for Ireland (IFI)?**

Yes  No

**If ‘Yes’, please provide details below:**

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| --- | --- | --- | --- |
| **Department / Programme / IFI** | **Years** | **Amount** | **Purpose** |
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**C.3 Has your organisation applied for any future funding from any other Government Department, European Programme or the International Fund for Ireland?**

Yes  No

**If ‘Yes’, please provide details below:**

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| --- | --- | --- | --- |
| **Department / Programme / IFI** | **Years** | **Amount** | **Purpose** |
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**C.4 Has your organisation applied for any funding from other sources for the project detailed in this application?**

Yes  No

**If ‘Yes’, please provide details below:**

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| **Organisation** | **Status of application** | **Years** | **Amount** | **Purpose** |
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**C.5 Posts you are seeking to fund**

Please list any post(s) you are seeking to fund and attach a full job description(s) with your application.

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| **Name(s) of post(s)** | **Specify if full time or part time *(if part time, state hours per week)*** | **Job description included?**  ***Yes/No*** |
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**C.6 Please give a full breakdown of the project related costs requested from The Executive Office for the period of funding 1 April 2018 to 31 March 2019.**

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| **Staff Costs** | **Post 1** | **Post 2** | **Post 3** | | **Post 4** | | **Post 5** |
| Salaries |  |  |  | |  | |  |
| National Insurance |  |  |  | |  | |  |
| Pensions |  |  |  | |  | |  |
| Total being claimed per post |  |  |  | |  | |  |
| **Total Staff** **Costs to be claimed\*** |  | | |  | |  |  |

***\* Management fees will not be paid as we allow a % of salaries and support costs to be claimed.***

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| --- | --- | --- | --- | --- |
| **Activity / Support Costs** | **Number of participants / facilitators / days etc.** | **Cost per person / visit etc.** |  | **Total cost** |
| *E.g. Workshops – Venue Hire* | *4 x workshops* | *£50 per day* | *£200* | |
| *E.g. Workshops - Hospitality* | *20 participants x 4 workshops* | *£4 per person* | *£320* | |
| *E.g. Halloween event – Materials* | *Arts and crafts materials for 20 participants* | *£10 per person* | *£200* | |
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| **Total Support Costs** | | |  | |
| **Final Total**  (***i.e. Total Staff + Total Support Costs)*** |  |  | **£** | |

**C.7 For all applications for funding, the following documentary evidence must be submitted with your application:**

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| **Documents required** | |
|  | A copy of your governing instrument, constitution, rules or articles of association |
|  | A copy of the job descriptions for any staff positions for which funding is being sought (if applicable). |

*If your application for small grant funding is successful you will be required to provide the following:*

* A signed hard copy of your application.

You will also be required to upload the following documents to the [Government Funding Database](https://govfundingpublic.nics.gov.uk/):

* A copy of Constitution/Memorandum of association; and
* A copy of most up-to-date Audited Accounts or Financial Statement.

You can register/log on to the Government Funding Database by accessing the following link: <https://govfundingpublic.nics.gov.uk/Login.aspx>

## Section D Declaration

I hereby declare that the information contained in this application form is accurate and in line with the requirements as outlined in the guidance notes and that all persons/groups party to this project/activity/initiative understand their responsibilities regarding the Departments’ monitoring and evaluation processes.

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

I also accept that this information may be published by The Executive Office.

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| **Signature of the Chairperson** |  | | | | |
|  |  | | | | |
| **Print Name in Capitals** |  | | | | |
|  |  |  | |  |  |
| **Signature of Witness. This must be a registered Office Bearer** |  | | | | |
|  |  |  |  | |  |
| **Print Name in Capitals** |  | | | | |
|  |  |  |  | |  |
| **Date** |  | | | | |

**THE APPLICATION PROCESS FOR SMALL GRANTS FUNDING WILL REMAIN OPEN THROUGHOUT THE YEAR. SMALL GRANT PROJECTS MUST BE DELIVERED AND FUNDING SPENT BY 31 MARCH 2019.**

**Application Form Self-Checklist**

|  |  |
| --- | --- |
|  | **Tick if completed** |
| Have you completed all of the questions? |  |
| Have you submitted a copy of your governing instrument, constitution, rules or articles of association? |  |
| Have you submitted a copy of all job descriptions (if applicable)? |  |

**Submitting Your Application**

**THE APPLICATION PROCESS FOR SMALL GRANTS FUNDING WILL REMAIN OPEN THROUGHOUT THE YEAR. SMALL GRANT PROJECTS MUST BE DELIVERED AND FUNDING SPENT BY 31 MARCH 2019.**

**Apply By Email**

Completed applications with supporting documentation can be e-mailed to: [GoodRelationsFund@executiveoffice-ni.gov.uk](mailto:GoodRelationsFund@executiveoffice-ni.gov.uk)

**OR**

**Apply by post** to the address below. Please send a signed hard copy of your application form with supporting documentation to:

Central Good Relations Funding Programme

The Executive Office

Room E3.19

Block E Castle Buildings

Stormont Estate

Belfast

BT4 3SR

**\*Please note that if you e-mail your application and your application is successful you will be asked to provide a signed hard copy.**