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**CENTRAL GOOD RELATIONS FUNDING PROGRAMME**

**Application for 2018/19 GOOD RELATIONS CAPACITY BUILDING PILOT in ARDS & NORTH DOWN BOROUGH COUNCIL AREA**

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.

Please note this application form relates to the CENTRAL GOOD RELATIONS FUND - GOOD RELATIONS CAPACITY BUILDING PILOT PROGRAMME.

Applications can be made by a lead partner organisation who:

* Has the skills to work with groups with a low capacity in delivery of good relations projects to affect positive development and growth in the good relations capacity of these partner organisations.
* Can deliver a good relations intervention to address an identified good relations issue in the selected Council area.

The funding proposal must demonstrate how it will address BOTH of these issues in order to be eligible for funding under this pilot programme.

Please answer each question in the box provided. If an application is deemed to be incomplete it may be rejected. **PLEASE SEE SECTION G FOR DETAILS ON SUBMITTING YOUR APPLICATION.**

**CLOSING DATE FOR RECEIPT OF ALL APPLICATIONS WITH APPROPRIATE DOCUMENTATION IS 2.00PM ON FRIDAY 7 SEPTEMBER 2018.**

## Section A – Lead Partner Details

|  |  |
| --- | --- |
| **A.1 Name of organisation** |  |
| **A.2 Primary name and position in**  **organisation** |  |
| **A.3 Primary contact telephone**  **number (incl. code) / mobile**  **number** |  |
| **A.4 Primary e-mail address** |  |
| **A.5 Secondary contact name and**  **position in organisation** |  |
| **A.6 Secondary contact telephone**  **number (incl. code) / mobile**  **number** |  |
| **A.7 Secondary e-mail address** |  |
| **A.8 Website** |  |
| **A.9 Address of organisation** |  |
| **A.10 Postcode of organisation** |  |
| **A.11 Brief description of**  **Organisation to include:**   * **Size** * **Good relations capacity** * **History of good relations work to date** * **History of working with lower good relations capacity organisations** * **Evidence of having 3 years’ experience in the last 6 years delivering good relations interventions** |  |

**A.12 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 – Details of 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.*

**About Your Proposal**

|  |  |  |
| --- | --- | --- |
| **B.1 What is the name of your project?** |  | |
| **B.2 How much funding are you**  **requesting for this project from**  **The Executive Office? (up to £60k**  **per application)** |  | |
| **B.3 When do you expect your project**  **to happen?** | **Start date (day/month/year)** | **End date (day/month/year)** |
| Click here to enter a date. | Click here to enter a date. |
| **B.4 How many people do you expect**  **to participate in your project?** | **Direct participants** | **Indirect participants** |
|  |  |
| **B.5 Where is the good relations that your application will address located within this Council area?**  *Please complete this section in relation to the geographic location(s) where the good relations project will have an impact.* | | |
| **Please provide a breakdown of the area of impact. *For example, Towns / Villages / Townlands / Estates participants will be from.*** |  | |
| **B.6 To access GOOD RELATIONS CAPACITY BUILDING PILOT funding, you must be able to**  **demonstrate how you will work with one or more groups to address the identified good**  **relations issue, and build that group(s) capacity to undertake further good relations work in**  **the future.**  *Please complete this section in relation to the details of the organisation(s) you will work with to build their capacity over the course of project delivery. Please complete details for at least ONE partner organisation*  *Each partner organisation(s) must state their agreement to work with you on this Programme and you should detail how you will work with them to increase their capacity to undertake further good relations activity in the future.* | | |
| **Partner organisation 1 Name** |  | |
| **Partner organisation 1 lead contact details**  *Please provide address, telephone contact and email address* |  | |
| **Partner organisation 2 Name** |  | |
| **Partner organisation 2 lead contact details**  *Please provide address, telephone contact and email address* |  | |
| **Partner organisation 3 Name** |  | |
| **Partner organisation 3 lead contact details**  *Please provide address, telephone contact and email address* |  | |
| **Partner organisation 4 Name** |  | |
| **Partner organisation 4 lead contact details**  *Please provide address, telephone contact and email address* |  | |
| **Partner organisation 5 Name** |  | |
| **Partner organisation 5 lead contact details**  *Please provide address, telephone contact and email address* |  | |

**Section C - Good Relations Outcome the Pilot Programme seeks to address**

|  |  |  |
| --- | --- | --- |
| **C.1 In Ards & North Down Borough Council, the following Good Relations issues have been identified and the associated good relations outcomes are the focus of this pilot scheme:**   * **Rural – non-physical barriers** * **Lack of engagement** * **Intra – community tensions** | | |
| **Good relations issue** | | **Good relations outcome** |
| Rural – non-physical barriers to good relations  (T:BUC Key Priority:  Our Shared Community) | | An increase in the percentage of participants who feel comfortable socialising in a shared space or space they would not traditionally visit |
| Lack of youth and adult engagement  (T:BUC Key Priority: Our Cultural Expression) | | An increase in the percentage of participants who feel they have an  influence when it comes to any of the local decisions made in their neighbourhood. |
| Intra – community tensions  (T:BUC Key Priority: Our Cultural Expression) | | An increase in the percentage of participants who consider the area they live in as welcoming to all communities. |
| **C.2 For each of the partner organisations you are working with, which ONE of  the above good relations issues will your project address?**  **(Please note they can be the same for more than one partner organisation).** | | |
| **Partner organisation 1** |  | |
| **Partner organisation 2** |  | |
| **Partner organisation 3** |  | |
| **Partner organisation 4** |  | |
| **Partner organisation 5** |  | |
| **C.3 HOW will you address the identified good relations issue(s) and achieve the associated good relations outcome(s)?**  *(the good relations outcome is linked to the good relations issue you have selected as the one your project will address, they appear to the right of the good relations issue in the table above)*  **(Please note they can be the same for more than one partner organisation).** | | |
|  | | |
| **C.4 HOW will you measure the good relations outcome? HOW will you know you made a difference at the end of the programme?** | | |
|  | | |

**Section D - Capacity Building Outcome of Project**

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| --- | --- | --- |
| **D.1 The following good relations capacity building issues have been identified in low good relations capacity organisations:**   * **Need to increase the confidence of the partner organisation to deliver good relations projects** * **Need to increase the integration of partner organisations good relations practice into their core programmes and projects** * **Need to increase the good relations skills workers in partner organisations have to deliver good relations projects** * **Need to increase the capacity of the partner organisation to deliver more challenging good relations interventions** | | |
| **Identified good relations capacity**  **building issue** | | **Capacity building outcome to address**  **identified good relations capacity**  **building issue** |
| Need to increase the confidence of the  partner organisation to deliver good relations projects | | Increase in the percentage of project workers within the partner organisation who feel more confident in delivering good relations projects |
| Need to increase the integration of partner  organisations good relations practice into  their core programmes and projects | | Increase in the percentage of project workers within the partner organisation who feel more confident in integrating good relations practice into their core programmes and projects |
| Need to increase the good relations skills  workers in partner organisations have to  deliver good relations projects | | Increase in the percentage of project  workers in the partner organisation who have improved / increased their skills to  deliver good relations interventions |
| Need to increase the capacity of the  partner organisation to deliver more  challenging good relations interventions | | Increase in the percentage of project workers in the partner organisation who have increased confidence in delivering more challenging good relations interventions |
| **D.2 For each of the partner organisations you are working with, which ONE of the above identified good relations capacity building issues will your project address? (Please note they can be the same for more than one partner organisation).** | | |
| Partner organisation 1 |  | |
| Partner organisation 2 |  | |
| Partner organisation 3 |  | |
| Partner organisation 4 |  | |
| Partner organisation 5 |  | |
| **D.3 HOW will you address the identified good relations capacity building issue(s) and achieve the good relations capacity building outcome of the Programme?**  **(The capacity building outcome(s) is linked to the capacity building issue you have selected as the one your project will address, it appears to the right of the issue in the table above)**  **(Please note they can be the same for more than one partner organisation).** | | |
|  | | |
| **D.4 WHAT groups of participants will you target through your partner(s)? Please provide evidence that you and your partner(s) have access / reach to the programme participants you have identified.** | | |
|  | | |

**D.5 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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|  |

**D.6 Agreed Activity, Targets and Output Measures.**

**Thinking about the outcome(s) you have identified in C.2 and D.2. Please complete the table below. List each and every activity individually.**

|  |  |  |
| --- | --- | --- |
|  | **Activity Descriptions** | **How much will you do?** |
| **Lead Partner** |  |  |
| **Partner Organisation 1** |  |  |
| **Partner Organisation 2** |  |  |
| **Partner Organisation 3** |  |  |
| **Partner Organisation 4** |  |  |
| **Partner Organisation 5** |  |  |

## Section E - Financial and Management Information

**E.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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| --- |
|  |

**E.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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department / Programme / IFI** | **Years** | **Amount** | **Purpose** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E.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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department / Programme / IFI** | **Years** | **Amount** | **Purpose** |
|  |  |  |  |
|  |  |  |  |
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**E.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:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation** | **Status of application** | **Years** | **Amount** | **Purpose** |
|  |  |  |  |  |
|  |  |  |  |  |
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**E.5 Programme Schedule**

List all activities and associated costs in relation to programme planning, management, delivery, evaluation and reporting – for the lead partner and all partner organisations

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity / Support Costs** | **Number of participants / facilitators / days etc.** |  | **Total cost** |
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| **Total programme costs** | |  | |
| **Management fee (20% of total programme costs)** | |  | |
| **Final Total**  (***Total programme costs + management fee)*** | |  | |

**E.6 For all applications for funding, the following documentary evidence must be submitted with your application:**

* A copy of your governing instrument, constitution, rules or articles of association (for lead partner)
* A printed or scanned copy of the signed declaration from the lead partner and all partner organisations must be included in your application (See Annex A and B)

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

* Copy of Constitution/Memorandum of association;
* List of Office Bearers or Board of Governors;
* Organisation Chart;
* Copy of most up-to-date Audited Accounts or Financial Statement; and
* Rental Agreement/Lease or evidence of ownership.

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

You will also be required to confirm that the following policies and procedures, if applicable, have been formally adopted, are regularly reviewed and are fit for purpose:

* Strategic/Operational Plan;
* Procurement/tender procedures;
* Statutory requirements i.e. Equal Opportunities, Fair Employment, Disability Discrimination, Age Discrimination;
* Fraud Policy;
* Health and Safety Policy;
* Employer and Public Liability Insurance;
* Child Protection Policy; and
* Data Protection Policy.

**Section F - 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 printed or scanned copy of the signed declaration from the lead partner and all partner organisations? |  |

**Section G - Submitting Your Application**

**CLOSING DATE FOR RECEIPT OF ALL APPLICATIONS**

**WITH APPROPRIATE DOCUMENTATION IS**

**2.00PM ON FRIDAY 7 SEPTEMBER 2018.**

**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

**All applications and supporting documents, either submitted by e-mail or by post, must be received by 2.00pm on Friday 7 September 2018.**

**APPLICATIONS WHICH ARRIVE AFTER THE**

**PUBLISHED DEADLINE WILL NOT BE CONSIDERED**.

**Annex A**

**Lead Partner 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 confirm that the organisation has experience in delivering good relations projects (at least 3 years’ experience in the last six years).

I confirm that the organisation has experience of partnering/collaborative working/mentoring with groups to deliver good relations outcomes.

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

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.

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

\*A printed or scanned copy of the signed declaration must be included in your application

**Annex B**

**Partner Organisation 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 confirm that the partner organisation has willingly engaged with the lead partner to deliver project(s) to address the stated good relations issue.

I confirm that the partner organisation has agreed to work with the lead partner to address the good relations capacity issue identified.

I agree to fulfil all data protection obligations as they pertain to the organisation(s) working with the lead partner

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.

**Partner organisation 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature of the Senior Representative(s)** |  | | | | |
|  |  | | | | |
| **Print Name(s) in Capitals** |  | | | | |
|  |  |  | |  |  |
| **Signature of Witness** |  | | | | |
|  |  |  |  | |  |
| **Print Name in Capitals** |  | | | | |
|  |  |  |  | |  |
| **Date** |  | | | | |

\*A printed or scanned copy of the signed partner declaration must be included in your application

**Partner organisation 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature of the Senior Representative(s)** |  | | | | |
|  |  | | | | |
| **Print Name(s) in Capitals** |  | | | | |
|  |  |  | |  |  |
| **Signature of Witness** |  | | | | |
|  |  |  |  | |  |
| **Print Name in Capitals** |  | | | | |
|  |  |  |  | |  |
| **Date** |  | | | | |

**Partner organisation 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature of the Senior Representative(s)** |  | | | | |
|  |  | | | | |
| **Print Name(s) in Capitals** |  | | | | |
|  |  |  | |  |  |
| **Signature of Witness** |  | | | | |
|  |  |  |  | |  |
| **Print Name in Capitals** |  | | | | |
|  |  |  |  | |  |
| **Date** |  | | | | |

\*A printed or scanned copy of the signed partner declaration must be included in your application

**Partner organisation 4**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature of the Senior Representative(s)** |  | | | | |
|  |  | | | | |
| **Print Name(s) in Capitals** |  | | | | |
|  |  |  | |  |  |
| **Signature of Witness** |  | | | | |
|  |  |  |  | |  |
| **Print Name in Capitals** |  | | | | |
|  |  |  |  | |  |
| **Date** |  | | | | |

**Partner organisation 5**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature of the Senior Representative(s)** |  | | | | |
|  |  | | | | |
| **Print Name(s) in Capitals** |  | | | | |
|  |  |  | |  |  |
| **Signature of Witness** |  | | | | |
|  |  |  |  | |  |
| **Print Name in Capitals** |  | | | | |
|  |  |  |  | |  |
| **Date** |  | | | | |

\*A printed or scanned copy of the signed partner declaration must be included in your application