COMMUNITY SUPPORT GRANT
APPLICATION FORM 2018 - 2019

Please return completed application to:

Community Services
Bridge Community Centre
50 Railway Street
Lisburn
BT28 1XP

The format of this form must not be changed

Closing Date for applications is 4pm, Friday 15th December 2017

ORGANISATION NAME

MAIN CONTACT

For Office Use only

Date received
Ref Number
District Electoral Ward
SECTION 1 – ABOUT YOUR ORGANISATION

1.1 What is the full legal name of your organisation?

1.2 Date group was formed

Month        Year

1.3 Main Contact

Title  First Name  Surname

Position held in group

Contact address, including full postal code

Post code:

Tel. No.  Mob. No.

Email address:

1.4 Is your organisation registered with the Charity Commission for NI?

Yes  No

If so, what is your Registration Number?

1.5 What are the main aims, objectives and activities of your organisation?

GUIDANCE NOTES

1.1 Please insert the name of your organisation as it appears on your governing document. (i.e. constitution, memorandums, etc.)

1.2 Please insert the date the organisation adopted its governing document.

1.3 Please provide the details of person to be contacted in connection with this application.

1.4 Please note it is important that your group registers with the Charities Commission for NI to ensure it remains eligible for future Council funding.

1.5 Briefly describe the purpose of your organisation, services provided and how this links with your governing document.
1.6 How many people are involved in running your group/organisation?

Committee Members [ ] Volunteers [ ]

Staff [ ]

1.7 Please indicate the average hours per month spent running your Group/organisation by:

Committee Members [ ] Volunteers [ ]

1.8 Which of the following permises does your group operate from (Please tick only 1)?

Community/Village Hall [ ] Community House/Flat [ ]
(Lease holder only)

Commercial Premises [ ] Hired Premises [ ]
(Daily/Weekly Basis)

No Premises [ ]

1.9 List the postcode(s) of your group’s/organisation’s catchment area(s) (PLEASE NOTE YOU MUST INCLUDE FULL POSTCODES ONLY!)

[ ]

Tick here if your organisations operates across the Council area. [ ]

1.10 Is your group based and delivering services in the Lisburn & Castlereagh City Council Area?

Yes [ ] No [ ]

NB: The Council will only provide funding to groups who are based and deliver services in the Council area.
2.1 How does your group manage its day to day business?

This focuses on: governance – role of management committee, etc

2.1 Please indicate how you run your organisation and include:
- How decisions are made & recorded;
- How often your committee meets;
- How workload is shared;
- How community needs are reflected within programmes.

Please also outline how your organisation engages and informs the local community of the work of your organisation.
2.2 Please detail the policies and procedures that your organisation currently has in place, how they are implemented & how often they are reviewed. Examples might include:
- Child protection policy
- Health and safety policy
- Code of conduct

2.3 List what training or development opportunities your committee members and volunteers have undertaken in the past 12 months and how you support volunteering.

2.3 Provide detail of all training and development undertaken in the past 12 months in areas such as:
- Committee Skills
- Financial Management
- Group Development
- Communication
- Community Development
- Safeguarding

Please detail how you support volunteering e.g. training/advice citizenship.
2.4

(a) How well does your organisation consult with the local community?

(b) How does your organisation link with other networks, forums and partnerships to ensure services are complimented and duplication avoided?

SECTION 3 – MANAGING YOUR FINANCE

3.1 How does your group manage its finances?

3.2 Please provide details of the group’s bank details which, if successful, the Grant will be paid into?

<table>
<thead>
<tr>
<th>Account Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank/Building Society Name</td>
<td></td>
</tr>
<tr>
<td>Bank/Building Society Address</td>
<td></td>
</tr>
<tr>
<td>Sort Code</td>
<td></td>
</tr>
<tr>
<td>Account Number</td>
<td></td>
</tr>
<tr>
<td>Roll Number (for building society accounts)</td>
<td></td>
</tr>
</tbody>
</table>

e.g.s include via a.g.m.s, open meetings, surveys/audits.

Please list all networks/forums that your group links with if similar groups operate within the local area. Please detail clearly how you will avoid duplication.

3.1 Please detail how your organisation manages its finances and outline which systems and processes you have in place; e.g.

- Income & Expenditure ledgers
- Receipt management systems
- Petty cash

Also outline what financial controls your organisation has in place.

3.2 Lisburn & Castlereagh City Council will only make awards to groups which have a bank or building society account.

The bank account details supplied must be in the name of the applicant organisation.

The supplied account details will be used to pay Any successful grant directly into, using the BACS system.
3.3 Please list all cheque/withdrawal signatories for this account

<table>
<thead>
<tr>
<th>Name</th>
<th>Position in group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.4 Please give details of your most recent annual accounts

<table>
<thead>
<tr>
<th>Accounts for year ending:</th>
<th>D</th>
<th>M</th>
<th>Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total income for the period</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total expenditure for the period</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference between income &amp; expenditure</td>
<td>£</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 4 – ABOUT YOUR PROGRAMME

4.1 Please indicate which of the following Community Support Strategic Themes your organisation will contribute to throughout the lifetime of this grant. (Please tick all that apply)

**Objective 1 – Building skills and developing organisations**
This objective is focused on the ability of individuals, groups and organisations in the Council area to deliver effective services and programmes.

**Objective 2 – Local solutions to local needs**
This objective is designed to develop new ways to deliver community services, resources and facilities through the promotion and development of partnership working, networking and collaborative delivery resulting in existing resources having a greater impact.

**Objective 3 - Creating change**
This objective is designed to develop opportunities for civic engagement, participation and delivering programmes to develop community leaders and influencers to help build strong communities and place across the Council area.
Please outline the programme, which your organisation is seeking to deliver through the lifetime of the grant. Please include activity, type of beneficiaries, number of beneficiaries and timescale. (PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Type Beneficiary (Who will benefit)</th>
<th>Number Of Beneficiaries (How many will benefit)</th>
<th>Timescale (when does the activity happen)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity**
Clearly outline all the activities you propose to run during the lifetime of your grant. You should include a title for the activity and a short description under the activity box.

**Beneficiaries**
Outline the types of beneficiaries the activity aims to target. E.g. young People, older people with disabilities, unemployed people, families, parents, adults, ethnic minorities.

Number of beneficiaries. Indicate a realistic number of beneficiaries for each activity.

**Timescale**
Outline a realistic timescale for each activity. I.e. Jan-Mar}
4.3 Outline how your organisation will monitor and measure the success of your programme to ensure that results are achieved.

4.4 Outline what issues might prevent or hinder delivery of your organisation’s activities and what steps you will take to overcome these.

SECTION 5 – ABOUT YOUR GRANT

5.1 Please indicate how much money you need under each of the following headings for you to carry out your project. Then please indicate how much you request from Lisburn & Castlereagh City Council.

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Total Anticipated Expenditure</th>
<th>Requested Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/Rates*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat/Light/Power*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venue Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery/Postage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Revenue Total (a)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Programming Costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training (committee/volunteers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Programme Costs (Please Specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL (a+b)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Only those groups/organisations which rent or own their own premises should apply under these categories.

4.3 Clearly outline how your organisation will ensure that its activities are having an impact and meeting the needs of your members/community. e.g:
- Registration processes
- Evaluation forms
- Surveys & Audits
- Setting targets
- Participant feedback

4.4 Clearly outline what issues may curtail or prevent the delivery of your programme, e.g:
- Lack of funding
- Loss of skills & knowledge
- Lack of voluntary support

5.1 Please ensure that the amounts inserted under each heading are accurate and represent ‘Value for Money’.
The maximum amounts that the Council can fund are as follows:

- **Groups operating out of a community/village hall/Commercial premises**
  - Revenue £4,350
  - Programming £1,150

- **Groups operating out of a community flat/house or which hire premises on a daily/weekly basis**
  - Revenue £3,100
  - Programming £1,150

- **Groups operating without premises**
  - Revenue £1,350
  - Programming £1,150
5.2 Please indicate any monies that your group or organisation will raise itself?

<table>
<thead>
<tr>
<th>Item/Activity</th>
<th>Anticipated</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.3 Please indicate any other funding applications you have submitted or plan to submit towards either the revenue or programme costs of your group/organisation

<table>
<thead>
<tr>
<th>Name of Funder &amp; Date of application</th>
<th>Purpose of application</th>
<th>Amount</th>
<th>Approved Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.2 Please indicate a realistic amount of money your group/organisation anticipates on generating through for example:

- Local Fund-raising
  - Raffles
  - Seasonal
  - Events

- Participation Fees
  - Course Fees
  - Entrance Fees

5.3 Please list all funders which your organisation has, or intends to approach, for funding.

Example:

- Lottery Funding,
- Trust Funding
- Private Funding

Indicating the amount applied for, and the current status of the application
SECTION 6 DECLARATION

I declare that all the information provided in this application is true and accurate and that I have been given the authority to sign this form on behalf of the applicant group.

Main Contact Declaration – This must be the person named in section 1.3

Name (Block Capitals)  
Signature  
Date

Second Signatory – This must be a committee member or senior member of staff.

Name (Block Capitals)  
Signature  
Date

SECTION 7 – CHECKLIST

Please ensure that you have completed the following before submitting this application form:

Answered all the questions within this application form.  
Signed the declaration at section 6.

And enclosed the following:

A copy of your most recent Annual General Meeting minutes.  
A signed copy of your organisation’s Constitution or Articles of Association (including the date of adoption)  
A list of committee members for the current year.  
A copy of the group/organisation’s most recent set of annual accounts – (i.e. the end of accounting period should not be prior to 31 March, 2016)  
Evidence of appropriate insurance cover (up to 5m PL cover)  
A copy of your property lease agreement (if applicable)  
A copy of your Safeguarding Policy

DATA PROTECTION

Lisburn & Castlereagh City Council collects the data on this form for the purposes of grant administration. This information may be passed on to other sections of the Lisburn & Castlereagh City Council and/or third party community/voluntary organisations for the purposes of community development.

www.lisburncastlereagh.gov.uk/community