



COMMUNITY SUPPORT GRANT APPLICATION FORM 2016 - 2017

Please return completed application to either:

Community Services Bridge Community Centre 50 Railway Street Lisburn BT28 1XP	Community Services Council Offices Bradford Court Castlereagh BT8 6RB
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Closing Date for applications is 4pm, Friday 8th April 2016

ORGANISATION NAME

MAIN CONTACT

For Office Use only

Date received	
Ref Number	
District Electoral Ward	

PLEASE REFER TO THE GUIDANCE NOTES IN THE OUTER MARGIN WHILE YOU COMPLETE THIS FORM. PLEASE WRITE CLEARLY IN BLACK INK OR TYPE

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 they remain 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 How does your group promote and support volunteering opportunities?

1.9 Does your group operate from (Please tick only 1)?

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

Commercial Premises (Daily/Weekly Basis) Hired Premises

No Premises

1.10 Outline how your organisation link with other networks, forums or Partnerships to ensure services are complimented and duplication avoided?

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

B	T	2	8	1	X	P		B	T	2	8	1	X	
B	T							B	T					
B	T							B	T					
B	T							B	T					
B	T							B	T					
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Tick here if your organisations operates across the Council area.

1.6 Please count EVERYONE involved in running your organisation.

1.7 Please ensure that the average hours include e.g. organising events, attendance at meetings, making telephone calls etc.

1.8 Please outline how your group supports volunteering in areas such training, development & active citizenship.

1.9 Groups who have indicated that they operate from a Community/Village Hall or Commercial Premises must provide evidence of holding the lease.

1.10 Please list all networks and forums that your Group links with. If other similar groups operate within the local area please detail clearly how you will avoid duplication.

1.11 Please provide full postcodes only.

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

Yes No

SECTION 2 – RUNNING YOUR ORGANISATION

2.1 Detail how your organisation is managed on a day to day basis?

NB: The Council will only provide funding to groups who are based and delivering services in the Council area.

2.1 Please indicate how you run your organisation and include;

- How decisions are made & recorded;
- How often your committee meet.
- How workload is shared;
- How community needs are reflected within programmes.

Please also outline how your organisation engage and inform the local community of the work of your organisation.

2.2 Please detail the policies and procedures that your organisation currently has in place?

2.2 Please detail what policies and procedures your organisation 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 Outline what training or development opportunities your committee members and volunteers have undertaken in the past 12 months.

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

SECTION 3 – MANAGING YOUR FINANCE

3.1 What financial systems and procedures are in place to manage your organisational income & expenditure?

3.1 Please detail how your organisations manages it finances and outline which systems and processes that 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 Please provide details of the groups bank details which if successful the Grant will be paid into?

Account Name								
Bank/Building Society Name								
Bank/Building Society Address								
Sort Code								
Account Number								
Roll Number (for building society accounts)								

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

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

The supplied account 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?

Name	Position in group

3.3 We will only pay into accounts that require a minimum of two unrelated people to sign each cheque or withdrawal from the account.

3.4 Please give details of your most recent annual accounts?

Accounts for year ending:	D	M	Y
Total income for the period	£		
Total expenditure for the period	£		
Difference between income & expenditure	£		

3.4 Please **DO NOT WRITE 'see enclosed accounts'**

The financial year stated must coincide with the financial year highlighted within your governing document.

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)

Theme 1: Building and developing capacity

Theme 2: Resourcing capacity and change

Theme 3: Leading and influencing

4.2 Detail how your programme of activities will contribute to the outcomes of the relevant themes, as outlined above.

4.1 & 4.2 Please refer to appendix 1 of the policy document and guidance notes for details of agreed outcomes under each of the 3 strategic themes.

4.3 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)

Activity	Type Beneficiary (Who)	Number Of Beneficiaries (How Many)	Timescale (when doe the activity happen	<p>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.</p> <p>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.</p> <p>Number of beneficiaries Indicate a realistic number of beneficiaries for each activity.</p> <p>Timescale Outline a realistic timescale for each activity. I.e. Jan-Mar)</p>

4.4 Outline how your organisation will monitor and measure the success of your programme to ensure that results are achieved.

4.4 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

4.5 Outline what issues might prevent our hinder delivery of your organisations activities and what steps you will take to overcome these?

4.5 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

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

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

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 who hire premises on a daily/weekly basis-

Revenue £3,100
Programming £1,150

Groups operating without premises

Revenue £1,350
Programming £1,150

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

5.2 Please indicate any monies that your group or organisation will raise itself?

Item/Activity	Anticipated	Target Date
TOTAL		

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

Name of Funder & Date of application	Purpose of application	Amount	Approved Yes/No

5.3 Please list all funders who 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 organisations 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 most recent set of annual accounts

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 onto other sections of the Lisburn & Castlereagh City Council and/or third party community/voluntary organisations for the purposes of community development.

