**Making Life Better through COVID 19**

**Community Networks in the Northern Area**

Short Term Funding Programme

**LEVEL 2** Application Form **2020-2021**

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| --- | --- | --- | --- |
| *Official use only:* | |  | |
| GRANT APPLICATION NO: |  | Date Received |  |
| AMOUNT | £ | Time Received |  |

**PLEASE REFER TO THE CAUSEWAY RURAL & URBAN NETWORK ‘*GUIDANCE NOTES FOR APPLICATION FORM’* AND ‘*GENERAL GUIDANCE’ NOTES - ST FUNDING* WHEN FILLING IN THE APPLICATION**

PLEASE **PRINT** IN BLACK INK OR TYPE FOR EASE OF PHOTOCOPYING

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| --- | --- | --- |
| Legal name of Group/Organisation (as it appears on your governing document) |  | |
| **Confirm that you are not-for-profit operating in the community / voluntary sector?** | I confirm this is a not-for-profit community/voluntary sector group/organisation. |  |
| **Contact person** |  | |
| **Position in Group/Organisation** |  | |
| **Address** |  | |
| **Postcode** |  | |
| **Telephone Number** |  | |
| **Alternative Contact Number** |  | |
| **Email Address** |  | |
| **Website** |  | |
| **Charity registration no. (if applicable)** |  | |

**Please state whether you are applying to more than 1 Community Network in the Northern Area**

|  |  |
| --- | --- |
| **Network (s) applied to:** | **Amount applied for:** |
|  |  |
|  |  |

1. **Title/Name of Proposed Project:**
2. ***Summary of proposed project outlining how this links to the funding themes(maximum 300 words –*any words over this limit will not form part of the assessment process)**
3. **Please provide background information on your group/organisation (maximum 200 words *-* any words over this limit will not form part of the assessment process)**

**4. (a) Please list the main geographical area(s) targeted for this proposal / application**

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| --- |
|  |

1. **b) Please tick which Council Area you are targeting (tick all that apply)**

|  |
| --- |
| Mid and East Antrim Borough Council  Antrim and Newtownabbey Borough Council  Causeway Coast and Glens Borough Council  Mid Ulster Borough Council |

**5.Is your target area specific to any of the ‘Top 20% most deprived Super Output Area’s (SOA) *(Please refer to the attached list of the top 20% most deprived Super Output areas (Table 1) in your area)***

**Yes**  **Please specify relevant SOA’s below**

**No**

| **Super Output Area** |
| --- |
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**Continue on a separate sheet if necessary**

1. **Who are your target group(s) and how will they be targeted? Please also include details of how you will target the top 20% as listed above.**

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1. **Provide a summary of project objectives and how these link with the stated aims (question 2) (maximum 75-word limit per objective).**

Objective 1:

Objective 2:

Objective 3:

1. **What are the primary issues the project is aiming to address? (maximum 100 words – any words over this limit will not form part of the assessment process).**

1. **Explain how you have identified the need for the project. (maximum 250 words – any words over this limit will not form part of the assessment process).**
2. **Please tell us how your group will involve the local community in this project and identify any other organisations / partners involved (if any) and their role in this project: (maximum 200 words – any words over this limit will not form part of the assessment process).**
3. **Demonstrate how this project will contribute to models of good practice and evidence of effectiveness? –Groups who have run similar programmes previously will be expected to outline the outcomes and benefits and show how they are building upon the previous programme (maximum 200 words – any words over this limit will not form part of the assessment process)**
4. **Outline how you will ensure activities are in line with COVID-19 regulations in Northern Ireland and how you will address any future changes which may be required?**
5. **(a) Has your organisation carried out a self-assessment or had an independent assessment against the PHA Quality Standards for services promoting mental and emotional wellbeing and suicide prevention?**

**Yes**

**No** (If no go to questions 13.b)

**13. (b) Please tick this box to confirm that you will carry out a self-assessment against the PHA Quality Standards for services promoting mental and emotional wellbeing and suicide prevention during the award period.**

**Yes I confirm our organisation will carry out a self-assessment against the PHA Quality Standards during the award period.**

1. **How will you monitor and evaluate the impact of this project? (You will be required to report back on outputs and outcomes using the validated outcomes monitoring tool which you identify.) A list of various assessment tools to consider can be found at** [**www.healthallianceni.org**](http://www.healthallianceni.org) **(Maximum 200 words – any words over this limit will not form part of the assessment process)**
2. **(a) Detail the actions that will be undertaken to achieve project objectives. Provide outputs / numbers, proposed timescales and how each action will be measured (\*Note these will be regarded as performance indicators which will be included in any Letter of Offer, should your application be successful).**

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| --- | --- | --- | --- | --- |
| **Actions** | | **Outputs / Numbers** | **Timescales** | **How will this be measured?** |
| 1 |  |  |  |  |
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| 2 |  |  |  |  |
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| 3 |  |  |  |  |
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| 5 |  |  |  |  |
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| 6 |  |  |  |  |
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**15. (b) How many people will benefit from the project? \_\_\_\_\_**

**If your programme contains Training/Awareness please provide information on:**

Who will provide the facilitation/training? (Provide the names of the relevant individuals/organisations) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*(please tick)* I confirm that the trainer/tutors or facilitators have the relevant background/qualifications/knowledge and experience to deliver the training/facilitation.

1. **When do you expect project to start and end?**

**Start date (day/month/year)**  **End date (day/month/year)**

**\*All projects awarded MUST complete by 29th January 2021 with return of all invoices by this date. All evaluations MUST be submitted by 26th February 2021**

1. **Please provide a detailed breakdown of funding requested.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item / Activity / Requirement** | **Cost of each unit (if applicable i.e. hourly rate / session rate, etc)** | **Funding requested** | **Other Funding sources including in-kind contributions** |
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|  |  |  |  |
| **Totals** | **£** | **£** | **£** |

1. **If you have included any items of equipment in the funding requested, please outline what will happen this equipment once the project has been completed.**
2. Please state if your group / organisation is receiving ‘current’ funding from another Public Health Agency, HSC Board or HSC Trust source. **Please ensure you have justified within your application that this project is different to what is currently commissioned, meeting a new identified need and is based on good practice.**

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| --- | --- | --- |
| **Funding Body** | **Date and Amount Received** | **Details of project** |
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1. **Sustainability:**

This funding scheme provides one-off grant awards. Please indicate how you intend to continue to support the project activities, once funding has ended;

***OR***

If your project is one off event please let us know how you see the project developing after this funding has ended.

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**Authorised Signatures / Declaration**

Please ensure two duly recognised officers / committee members in your organisation sign this application form. The signatories must be: (a) a contact person for the organisation who is familiar with the application (b) the person who will sign the contract/letter of offer agreement in the event that your application is successful i.e. the Chairperson, Chief Executive or most senior staff member. **By inserting your signatures you are confirming that the information is correct and you have been authorised by the governing body of your organisation (the board or committee that runs your organisation) to submit this application.**

If you are required to provide personal information relating to a third party on this form (for example name, address, email address etc.) please ensure you have the permission of the relevant third party to do so. By completing this form, you are confirming that such consent has been explicitly obtained.

**Please Note for emailed applications:**

* **Electronic (scanned) signatures are acceptable for email applications.**
* **Ensure subject line states ‘short term funding application’ and the area applied for e.g. Short term funding application [Name of area].**

**Failure to include two signatures on the application form will render your application invalid.**

|  |  |
| --- | --- |
| **Name 1** | **Name 2** |
| **Signature 1** | **Signature 2** |
| **Designation 1** | **Designation 2** |
| **Tel** | **Tel** |
| **Email** | **Email** |
| **Fax** | **Fax** |
| **Date** | **Date** |

**By signing this declaration, applicants are agreeing to the following terms:**

* To abide by the details set out in the Programme Guidance Notes.
* That if successful, funding will only be paid out to facilitators identified in this application, and for activities proposed in this application and approved in a letter of offer.
* All media content in the proposed application (e.g., leaflets, posters etc.) must be approved by the **Causeway Rural & Urban Network** before printing to ensure appropriate use of **Causeway Rural & Urban Network** details and PHA logos
* Requests for amendments to the proposed application must be submitted to **Causeway Rural & Urban Network** in writing. If applicable, approval will be provided in writing.
* All application forms received will remain on file in line with DOH Protocol.
* **General Data Protection Regulations** – When applying to us for funding it is a requirement that certain information is collected from you and processed through application forms and by other means, where appropriate. This may be either directly or indirectly, for example we may need to use information provided by your employer such as corporate email addresses and/or contact information. Where this is required, we will only ever use such information for the purposes outlined in our attached terms and conditions, to process your application and/or to comply with our legal obligations for example, money laundering requirements or fraud prevention. Information provided in funding application forms will also be shared and discussed with the Grants Selection Panel. Full information on how we process and handle your information is available in our [privacy policy](http://www.dhcni.com/privacy.html)

**Closing date for receipt of application is on or before Thursday 6th August 2020@ 12 noon**

**CHECKLIST**

**Tick if completed**

|  |  |  |
| --- | --- | --- |
| 1. Have you filled in **all** areas of the form appropriately? | |  |
| 2 Has the form been signed by **two** duly recognised officers? (original signatures only) | |  |
| 3. Have you included clear & specific objectives for your project? | |  |
| 4. Have you included a fully broken down costed budget for the project? | |  |
| 5. Have you detailed how you intend to monitor and evaluate your project? | |  |
| 6. Have you included a contact telephone number where we can reach you  between 9.00am and 5.00pm on weekdays? | |  |
| 7. Have you stated when your project will begin and end? | |  |
| **All Level 2 applicants must supply the following information:** | | |
| 8. Your most recent accounts (must be within the last 2 years)**signed and dated as approved by an office holder**, or, for new groups, a statement of your income and expenditure). **These also must be signed and approved by an office-holder.** |  | |
| 9. A list of your committee members |  | |
| 10. A copy of your Child Protection Policy and Vulnerable Adult Policy (if appropriate) |  | |

***Please ensure you read and fully understand the guidance notes and terms and conditions included with your pack before submitting this application.***

**Please note: it is your responsibility, to ensure that all the information required is provided in your application form. Forms that are unsigned, incomplete and/or missing appropriate supporting documentation as outlined cannot be considered. Also ensure your application has sufficient postage to allow it to be delivered on time.**

**Completed Application Forms**

Applicants are responsible for ensuring the application is submitted in a timely manner. **Causeway Rural & Urban Network** assumes no legal liability or responsibility resulting from any information technology problems when submitting the application.

Completed application forms and supporting documents will be accepted by email to **derek@crun.org** (preference) or by post to the address below: Please note the office is not operating normal opening hours due to COVID 19. If you must drop off your completed application form you must call 02870344934 to arrange for a member of staff to meet you. It is your responsibility to arrange this in an appropriate timeframe.

If you are planning to email us your application, please make sure that all signatures are scanned copies of real signatures. Typed names will not be accepted. Also ensure that the subject line of the email states that it is a small grant application and the area applied for e.g. Small grant application [Name of area].

|  |  |
| --- | --- |
| **Causeway Rural & Urban Network, 1 Brook Street, Coleraine, BT52 1EN** | |
|  |  |
| **Closing date: Thursday 6th August 2020@ 12 noon**  **Applications and all relevant supporting documentation must be received on or before this date**  **Incomplete applications or applications received after this time will NOT be considered.**  **\* Please remember to keep a copy of this application for your own record.** | |