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(Office use only)



**SMALL GRANTS SCHEME 2
2012-2013**

**APPLICATION FORM FOR
AWARDS UP TO AND INCLUDING £3,000
(VOLUNTARY & COMMUNITY SECTOR)**

**Wednesday 3 October at 12.00Noon
(Late applications will not be accepted)**

This application has two parts:

**PART A: About your organisation & its
governance and;**

PART B: About your project and the costs

Please read the guidance notes before you fill in this form.

The Public Health Agency is committed to making information as accessible and equitable as possible and to promoting positive and meaningful dialogue with local people.

ALTERNATIVE FORMATS

In an effort to make information as accessible as possible, the application has been produced in Arial 14 pt.

The application can also be made available in the following alternative formats:

- ◆ **Large Print (size as required)**
- ◆ **Computer Disk**
- ◆ **Audio tape**
- ◆ **Translation**

For an alternative format or for additional copies please contact:

Mrs Alice Grey/Mrs Joan Porter

Public Health Agency

Tower Hill

Armagh BT61 9DR

Tel 028 3741 4640/4557

Fax: 028 3741 4634

E-mail: alice.grey@hscni.net or joan.porter@hscni.net

PART A: ABOUT YOUR ORGANISATION AND ITS GOVERNANCE

Please refer to the guidance notes while you complete this form.

Answer each question in the box provided (any information disclosed will be treated in confidence). You may use additional paper if required but you must stay within the word limit, where this is indicated. Please write clearly in black ink or type.

INFORMATION ABOUT YOUR ORGANISATION

Question 1

Name of your
Organisation:

Contact address,
including full postcode:

If your organisation is
a limited company
please provide
registered name and
full address if different
from above:

Name of main contact
for your organisation :

Mr/Ms/Mrs/Miss/Dr/Other:

Address if different
from above:

Position held in
organisation:

Phone: Daytime

E-mail address:

Please tell us if you
have any particular
communication needs:

Question 2

When was your organisation set up?

Year

Question 3

What type of organisation/group are you?

- A Social Enterprise Organisation
- Unregistered charity, club, society or association, community based group or organisation
- Organisation recognised by HM Revenue & Customs (previously known as Inland Revenue) as charitable for tax purposes
- Charity Registered with Charity Commission in NI
- Charity registered in England or Scotland (OSCR) or Wales

Registered Charity Number and date of registration:	
Company Limited by Guarantee Number and date of registration:	
VAT registration number if applicable	

Question 4

How many people are involved in running your organisation?

Committee and/or Board members Volunteers (unpaid)

Paid staff: Full time Paid staff: Part time

Question 5

Briefly describe the main aims and activities of your organisation and/or what services your organisation provides?(Suggested word count 150).



Question 6a

Your organisation must have the following financial controls in place. If you do not currently have these policies they must be in place prior to any contract being issued

Financial Controls	Yes	No
A written policy on cash handling arrangements		
A written policy on banking arrangements		
A written policy on purchasing goods and services		
A written policy on delegated authority		
A written policy on how to report and respond to a suspected fraud within the organisation		
A written policy on segregation of duties i.e. where no one person can order, receive and pay for goods and services		
A written policy on travel and subsistence expenses		
Systems for regular bank and cash reconciliation		
A systems for recording income and expenditure transactions		
That cheque books and receipts are held in a safe/cash box to which access is strictly controlled		
Necessary insurance cover for public liability, employer liability, property/contents – where applicable		
Have all of the above systems been approved by the management committee?		

Are all of the above regularly reviewed? Yes No

How often are they reviewed e.g. quarterly/annually _____

If your organisation has a computer do you have IT security procedures e.g., regular backups, password protection?

Yes No: Not Applicable

Q 6b Your organisation must have policies in place to assure compliance with the law for the following. If you do not currently have these policies they must be in place prior to any contract being issued (where applicable).

Policies & Procedures Checklist	Yes	No
Health and Safety Policy		
Equal Opportunities Policy		
Child Protection Policy		
Vulnerable Adults Policy		
Data Protection Policy		
Bribery Policy		

PART B: ABOUT YOUR PROJECT AND THE COSTS

Please refer to the guidance notes while you complete this form.

Answer each question in the box provided (any information disclosed will be treated in confidence). You may use additional paper if required but you must stay within the word limit, where this is indicated. Please write clearly in black ink or type.

Question 7

Name of Project:

How much is your organisation applying for from this funding?

Question 8

When will you start your project? _____

Will you be able to complete your project within the specified funding period:

Yes No

Question 9

What is the Project location and geographical coverage? (please complete all 3 boxes if project is targeting a specific ward(s))

Local Commissioning Group / Trust Area

Local District Council Area(s)

Question 10

Briefly describe your project **for which you are seeking funding**, what do you want to achieve. Please specify how your project will meet the aims and objectives of the funding scheme as detailed in the Guidance Notes. (Suggested word count 300)



Question 11

What activities will your organisation undertake in order to achieve the aims of the funding stream?

Note these activities will be included as part of the performance monitoring, should your application be successful.

Brief description of activity	Targets	Timescales

Question 12

Detail the outcomes you hope to achieve through this project and how these will be measured. (Outcomes are defined as changes, benefits, learning or other effects that happen as a result of the project)

Outcomes	Proposed Method for Measuring	Timescales

Question 13

Provide evidence that your project will address a local need (e.g. local analysis, research etc): (Suggested word count 300).

Question 14

Please tell us who will benefit from the project and how they will benefit (include numbers of people). Please outline how the beneficiaries/service users or local people have been or will be involved in the design / implementation / management of the project to allow engagement and ownership? (Suggested word count 300).

Question 15

What are the potential risks or uncertainties that are associated with your project/service e.g. bad weather, illness, lack of engagement, ineffective communication, and unavailability of tutors? How do you propose to manage them?

<i>Anticipated Risk</i>	<i>Remedial Action</i>

FINANCIAL INFORMATION ABOUT YOUR ORGANISATION AND PROJECT

Question 16

Has your organisation applied to any other agency for funding in relation to this proposal? Yes No

If yes, please provide details of the organisation, amount sought and the status of your application i.e. funding secured – letter of offer received, application being processed, application to be made or contribution will be in kind.

Question 17

How do you plan to address the sustainability of the project and what impacts do you expect the project to have beyond the funding award period?(Suggested word count 300).

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Question 18

Please provide a detailed breakdown of all costs you are seeking funding for using the following pro forma. Please ensure that you also provide a breakdown and rationale for each of the costs. This proforma will be used to determine your award criteria score for costs.

Programme costs (detail)	£	Rationale for costing
Project running costs & overheads	£	
Travel		
Rent and Rates		
Heat, light and power		
Telephone		
Postage		
Printing and Stationary		
Capital costs (if any – detail)		
Other expenditure (e.g.) Advertising		
Total Expenditure (annual)	£	

This application must be signed by two authorised signatories, one of which should be the Chairperson, Chief Executive/or most senior staff member.

DECLARATION

All the information given is correct and complete.

Please sign below

Signed:	Signed:
Print Name:	Print Name:
Position:	Position:
Date:	Date:

The information on this form may be made available to other government departments/agencies/other funding organisations for the purpose of the prevention of double funding or other irregularities and in the interest of public accountability.

Checklist:

1. Check that you have fully answered all the questions and supplied all the relevant information. The PHA reserves the right to reject any application that is incomplete.
2. All organisations evaluated as a priority to fund must be able to provide or submit the following information before any Contract will be issued, should your application be successful.
 - The bank account details which must be in the name of the organisation and include sort code and bank account number.
 - Confirmation that there are at least two unrelated authorised cheque signatories.
 - That the organisation has robust management and financial control procedures in place to administer public funds as well as legal requirements as set out in question 6a and 6b of the application form.
 - A copy of the governing document of the organisation e.g. memorandum/articles of association, constitution or set of rules defining the aim, objectives and operational procedures for your organisation. **These must signed and dated as adopted;**
 - A copy of the organisation's most recent **signed** audited/unaudited annual accounts (or, for new groups, a statement of income and expenditure which are **signed** by an office holder or auditor).
 - A list of current committee members/trustees/directors indicating if they represent other organisations or if they serve in an individual capacity.

If you do not currently have these documents/policies, they must be in place prior to any contract being issued.

Please send your completed application on or before 12 Noon on Wednesday 3rd October 2012 either by post or hand delivered to the address below. LATE application will not be accepted

Mrs Alice Grey/Mrs Joan Porter

Public Health Agency

Tower Hill

Armagh BT61 9DR

Tel 028 3741 4640/4557 Fax: 028 3741 4634

E-mail: alice.grey@hscni.net or joan.porter@hscni.net

Please remember to keep a copy of this application for your own use. . Please note applications sent by email or fax will not accepted.