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**DEPARTMENT FOR COMMUNITIES**

**ACCESS & INCLUSION PROGRAMME**

**Application for Funding**

**(Capital Costs)**

**\*\*\* Please complete this Application Form in conjunction with the accompanying Guidance Notes \*\*\***

**Please note that information provided in the application form may be made available to other Departments, Agencies or funding bodies for the purposes of preventing or detecting fraud.**

**The completed Application Form may also be subject to requests for disclosure under the Freedom of Information Act.**

This form to be completed and returned with all accompanying information to Belfast City Council for assessment by

**Wednesday 16 June at 3.00pm**

Applications received after this date and time will be deemed ineligible.

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If you have any queries on how to complete this form please contact culture@belfastcity.gov.uk

**Basic Eligibility Criteria**

**Indicate**

**Yes / No**

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| --- | --- |
| Does your organisation have a board or management committee? |  |
| Are you a legally constituted group? |  |
| Are you a cultural organisation?  This means your constitution or memorandum and articles of association must state that arts, heritage, culture (including leisure), is **a primary objective of the organisation.**  **Please insert here the relevant extract from your governing document which demonstrates this requirement** |  |
| Are you a not-for-profit organisation and cannot share profits to members or shareholders?  NB: If, in the reasonable opinion of the council, the organisation applying for the funding is a de facto commercial organisation, whatever the legal make-up of the organisation, the application will be deemed ineligible. |  |
| Do you have an operational and programming focus in the Belfast council area? |  |
| If applying for capital works you must be the owner or leaseholder with a minimum of 2 years remaining on the lease. |  |
| Do you have up to date annual and management accounts signed as agreed by the board or management committee? |  |
| Is there a bank account in the organisation’s name? |  |
| Do you hold appropriate and current Public Liability (minimum of £5m) and Employer’s Insurance? |  |
| If relevant, do you have a child protection policy, vulnerable adutls’ policy and equal opportunities policy and keep to relevant laws including the Race Relations (NI) Order 1997, the Sex Discrimination (NI) Order 1976, Fair Employment and Treatment (NI) Order 1998, the Disability Discrimination Act 1995 and the Autism Act NI (2011)? |  |
| You will ensure individuals, for example staff, volunteers and coaches taking on roles involving under 18’s or adults at risk are suitably qualified, trained and have undergone all appropriate checks, eg Access NI |  |
| Is your organisation committed to good relations, equal opportunities and Section 75 legislation in terms of polices and the delivery of services? |  |

**You may be asked to provide evidence of the above**

**Part 1 Contact Details**

**1(a) Applicant Contact Details:**

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| --- | --- |
| Name of Organisation |  |
|  |  |
| Contact person for this application |  |
| Position in Organisation |  |
| Telephone Number |  |
| E-mail address |  |
| *Another contact name* |  |
| Telephone Number |  |
|  |  |
| E-mail address |  |
|  |  |
| Organisation Address |  |
|  |  |
|  |  |
|  |  |
| Post Code |  |

**About your Organisation**

**1(b)** Is your facility Council owned? Yes/No

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| **1(c)** | What date was this organisation founded? |  |

**1(d)** What is the legal status of this organisation? (*More than one may apply*)

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| Company limited by guarantee |  |  |
| Other Public Body |  |  |
| Friendly Society |  |  |
| Charity |  |  |
| Housing Association |  |  |
| Voluntary organisation |  |  |
| Partnership, please describe |  |  |
| Other, please describe |  |  |

**1(e)** Does your organisation have a formally adopted constitution which states that arts, heritage or culture (including leisure) is a primary objective of the organisation.

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| --- | --- |
| Yes |  |
| No |  |

Please attach your constitution or confirm Council’s Central Grants Unit currently holds this on file.

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| Constitution attached | Yes / No |
| Currently held by BCC Central Grants Unit | Yes / No |

**1(f)** If you are a unit or branch of a larger organisation, please give its full name and outline the legal relationship e.g. separately constituted.

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**1(g)** Is the organisation entitled to reclaim VAT

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| --- | --- |
| Yes |  |
| No |  |

**1(h)** How many people are employed or volunteer in the organisation?

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| --- | --- | --- | --- |
| Salaried staff |  | Volunteers |  |

**1(i)** Is the project venue situated in a rural area? Yes / No

**Part 2 About your Project**

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| **2(a)** Please give the title of the project for which you are seeking support |
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**2(b)** Where will the Project be based?

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| --- | --- |
| Organisation/Building name |  |
| No. & Street |  |
| City |  |
| Post Code |  |

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# 2(c) Please describe the project in detail (see Guidance Notes)

# what is it going to do

# how will it be delivered.

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**2(d)** Please describe how this project **meets the programme objectives/criteria**? (see Guidance Notes)

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# 2(e) Please describe why the project is needed and what evidence is available to demonstrate the need? i.e. Accessibility Audit if available (copy to be attached), community surveys, consultation with the disability sector, research etc)

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**2(f)** Please provide **evidence of the baseline position**. This should include quantitative data on the current participation levels at the venue by people with disabilities and/or their quality of experience.

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**2(g)** Please describe the **anticipated outcomes** of the project **including quantitative data** to show the impact on future participation levels and how these will be measured (see Guidance Notes).

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**2(h)** If Government funding was not provided, would this project go ahead or be implemented on a reduced scale?

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**2(i)** Please describe how you propose to **sustain the project** and/or venue after the end of the funding period?

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**2(j)** If your application relates to an active recreation facility, please describe the project’s linkages between this Programme, the Community Plan for your District and the Active Living, No Limits Action Plan (see guidance note).

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**2(k)** What **reporting arrangements** are in place for Management to ensure that the identified targets have been met and continue to be met following completion?

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**Part 3 Finance and Viability**

**3(a)** Please state estimated **total** cost of the project including VAT. Organisations entitled to reclaim VAT should insert the total project costs net of VAT.

**Total project costs should not exceed £30,000.**

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| £ |  |

**3(b)** Please complete the following table, giving details of proposed sources of funding for the project.

The maximum grant available from DfC is £27,000.

Applicant has to provide 10% of cash costs.

Payment in kind will not be accepted as cash costs.

Please indicate all funding that has been sought and whether it has been secured (*or if awaiting a decision*).

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| **Funder** | **Contribution Amount** | **Detail if funding secured**  **or awaiting decision** |
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**3(c)** Please give **full** details of the total costs of the project, including items funded by other bodies (*including VAT where applicable*). *If necessary, please continue on a separate sheet*

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| **Category** | **Description (Individual items under each category)** | **Amount** | **Is this item part of your application to DfC?**  **(Yes/No)** | **If no, please detail how this item is being funded.** |
| **Capital Works** |  |  |  |  |
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| **Equipment**  **(list items** |  |  |  |  |
| **separately)** |  |  |  |  |
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| **Professional Fees** |  |  |  |  |
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| **Other (*please specify*)** |  |  |  |  |
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| **Total** |  |  |  |  |

*If necessary, please continue on a separate sheet*

**3(d)** Please indicate how it was decided that the selected option provides the best value for money. What resource implications are there and how will these be met? How will any cost overrun be managed?

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**3(e)** Please give a timeline for completion of the project to demonstrate that it is deliverable within the available budget and timeframe (**before the end of the financial year, ie. 31 March 2022**).

This should indicate your state of readiness.

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**4 Project Management and Accountability**

**4(a)** Who will be responsible for the management of the project and measuring its success? Who will complete a post project evaluation and what impacts/benefits will this measure?

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**5 Project Target Groups**

**5(a)** This section of the form deals with capturing data on the specific nature of the disability that your project plans to target. Please indicate the category of impairment which applies to your project. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘Other’ and specify the type of impairment.

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1. Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.

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1. Sensory impairment, such as being blind / having a serious

visual impairment or being deaf / having a serious hearing

impairment.

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1. Mental health condition, such as depression or schizophrenia.

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1. Learning disability/difficulty, (such as Down’s syndrome

or dyslexia) or cognitive impairment (such as autistic

spectrum disorder).

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1. Long-standing illness or health condition such as cancer,

diabetes, chronic heart disease, or epilepsy.

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1. Other (please specify)

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**Part 6 Supporting Evidence and Declaration**

**Please enter any further details you feel might add to your application**

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**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 understand their responsibilities regarding the Department’s monitoring and evaluation processes.

I agree that this information may be made available to other funders including other Government Departments and Agencies (see conditions of funding in the guidance notes).

I also accept that this information may be published by the Department for Communities.

I confirm that any funding requested will not duplicate any funding provided by other funders. In the event that **<Name of Organisation>** obtains further funding at a later date I will immediately inform the Department.

I understand I must inform the Department immediately if there are any changes to the information supplied with this application.

I understand that if the information contained in this application form is proven to be intentionally false or misleading I or **<Name of Organisation>** may be prosecuted under the Fraud Act 2006.”

I understand that the Department can at any time ask to see any supporting evidence in relation to this application and future funding.

* **Privacy Notice** - Belfast City Council is the Data Controller under the General Data Protection Regulation (GDPR) for the personal data it gathers for the purposes of processing and managing grant applications.
* You are providing your personal data to the Council whose lawful basis for processing is for the performance of a task carried out in the public interest or in the exercise of official authority. The personal data may be shared internally within the Council with staff who are involved in providing this service and where necessary, between internal departments with the purpose of supporting an effective delivery of service.
* Your personal data will not be shared or disclosed to any other organisation without your consent, unless the law permits or places an obligation on the Council to do so. The personal data is held and stored by the Council in a safe and secure manner and in compliance with Data Protection legislation and in line with the Council’s Records Retention and Disposal Schedule. If you have any queries regarding the processing of your personal data, please contact the Council’s Data Protection Officer, please write to Belfast City Council, City Hall Belfast, BT1 5GS or send an email to [dataprotection@belfastcity.gov.uk](mailto:dataprotection@belfastcity.gov.uk)
* **Freedom of Information** - Belfast City Council is subject to the requirements of the Freedom of Information Act 2000 and the Environmental Information Regulations 2004. The Council may seek your assistance and co-operation to enable it to comply with these information disclosure requirements. The Council will be responsible for determining at its absolute discretion whether any information provided, obtained or created in connection with this application is exempt from disclosure in accordance with the provisions of the above legislation or is to be disclosed in response to a request for information. The council may be obliged, under the above mentioned legislation or any regulations or guidelines, to disclose information without consulting the applicant or following consultation with you and having taken your views into account. In the event that a request for information is received and the council considers that this information may be commercially sensitive, it will consult the provider of that information prior to taking a decision to release the information.

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| Signature  Position in organisation |  |
| Print Name in Capitals |  |
| Signature of Witness  Position in organisation |  |
| Print Name in Capitals |  |
| Date |  |

Electronic signatures are acceptable under current circumstances.

Email completed applications to : [culture@belfastcity.gov.uk](mailto:culture@belfastcity.gov.uk)

**Closing date for applications : 3.00pm on Wednesday 16 June**

**Applications received after this date will not be eligible for consideration.**