



**Lisburn &
Castlereagh
City Council**

For office use only	
Received on	

CULTURE AND IDENTITY SUPPORT GRANT APPLICATION FORM

Please return completed application to:

The Curator's Office
Irish Linen Centre & Lisburn Museum
Market Square
Lisburn BT28 1AG

CLOSING DATE FOR COMPLETED APPLICATIONS
THURSDAY 26 MAY, 2016 AT 4.00pm.

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 GROUP

Name of your group?

Date group was formed?

Month Year

Please indicate the main activities of your group/organisation?

How many people are involved in running your group/organisation?

Committee Members Volunteers
Staff

GUIDANCE NOTES

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

Please insert the date the group adopted its governing document.

Briefly describe the activities of your group and any services provided. If you are a new group, describe the services or activities that you plan to provide.

Please count **EVERYONE** involved in running your group.

What is the total membership of your group

Please indicate the average hours per month spent running your group/organisation by?

Committee Members Volunteers

Does your group/organisation link with any other groups, networks or forums?

Yes No

If yes please indicate:

SECTION 2 CONTACT DETAILS

Main Contact

Title First Name Surname

Position held in group

Contact address, including full postal code

Tel Number

Fax Number

Mobile Number

Email address

Please list **ALL** other groups, networks and forums that your group link with including community forums, statutory forums etc:

Please provide the name and contact details of someone who will be in a position to speak about this application.

The postal address inserted here will be used as the **main postal address** for any communication from Lisburn & Castlereagh City Council.

PLEASE INSERT A FULL POST CODE

SECTION 3 ABOUT YOUR GRANT

Please describe your request for funding

Please explain why it is needed

Please describe what you are seeking funding for:

Examples:

Programme Costs
Project Costs

And explain how this request links back to the main aims and objectives of your group/organisation?

Evidence of Need:

Please outline how you know that there is a need for this project. This may be via;

Community Surveys,
Public Meetings,
Community Events
Evaluation Forms.

Please state the dates of the above and be specific about the evidence of need

Please describe the programme, which your organisation is seeking to deliver through the lifetime of the grant?

Please indicate the timetable of activities that your group/organisation plan to deliver over the duration of the grant scheme.

The grant period is until 31 January 2017

Please indicate the timescale / projected programme i.e the month(s)

Please indicate the estimated number of people who would benefit

How will your group/organisation measure the success in delivering the programme, and indicate how this will be recorded?

What issues might prevent or hinder delivery of your group/organisations activities and what steps will you take to overcome these?

Please indicate which area your group/organisation currently operates within?

Project anticipated start date:

Project anticipated end date:

How many people will benefit from the grant:

Please indicate how much money you need under each of the following headings for you to carry out your project?

Please indicate how you will ensure that the work of your group/organisation is on target and of benefit:

Examples:

Registration forms – used to collect user details and monitoring information.

Evaluation forms – to be completed at the end of each event/service.

Suggestion/Complaints box – Located within the community facility for users to make anonymous suggestions or complaints.

Please consider all issues which may curtail or prevent the delivery of your programme:

Examples

Lack of Funding
Lack of Voluntary Support
No Contingency Planning

Please give a realistic figure for the number of people who will directly benefit from the award

Do not put ‘everyone in the area’

Please ensure that the amounts inserted under each heading are accurate and represent ‘Value for Money’.

Then please indicate how much you request of Lisburn & Castlereagh City Council

EXPENDITURE	Total Cost	Office Use Only
PROGRAMMING COSTS		
Total		

Please ensure they are explained in sufficient detail to be understood

Please note the purpose of the grant scheme is not to provide funding for free or heavily subsidised entertainment or social events unrelated to the objectives of the Grant Scheme.

Significant food and refreshment costs must be demonstrated as relevant to the objectives of the Grant Scheme and would be expected to have income raised against them through ticket sales and/or admission charges.

INCOME

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

Item/Activity	Anticipated Income	Target Date
TOTAL		

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
- Admissions
- Ticket Sales

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

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

Please tick which of the scheme objective(s) your project fits into?

1. To support projects and programme opportunities devised by groups in the field of culture and identity that educates and increases knowledge, enjoyment, respect and understanding of traditions thereby improving the quality of life for the people involved and for the Lisburn & Castlereagh City Council District.
2. To develop opportunities for groups to explore culture and identity thus increasing their capacity to develop relationships of trust and respect for all traditions and values
3. To enable groups to challenge stereotypes of their own and other communities in order to acknowledge and address difference.
4. To increase the ability and confidence of groups and organisations to identify and address issues of culture and identity.
5. To contribute to the development of a meaningful partnership within the community across the Lisburn & Castlereagh City Council area.
6. To encourage the development of cultural identity activity led action at both the neighbourhood and city-wide levels.
7. Through the scheme, to contribute to the Council's Good Relations Policy.

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.

Please tick **ONLY** the objective(s) that best fits in with your project or organisation.

A copy of the Council's Good Relations Policy can be found on the Council's website

Overleaf please describe how your project relates to the objectives indicated

**PLEASE STATE BELOW HOW YOUR PROJECT/PROGRAMME
RELATES TO THE COUNCIL'S GRANTS SCHEME OBJECTIVES**

[Empty box for response]

Please indicate by number the Council scheme objective you are referring to (see previous page)

Carefully explain how your project/programme will deliver on the Grant Scheme objectives

**Please note
The extent to which the application contributes to the objectives of the Grant Scheme will score 60% of the marks**

SECTION 4 ABOUT THE PEOPLE WHO WILL BENEFIT

What ages are the people who will benefit from this grant?

All ages 0-5 6-10
 11-16 17-25 26-59
 60+

How would you best describe the people that will benefit from this grant?

People living in urban areas
 People living in rural areas
 People on low incomes
 People with dependants
 Unemployed people
 Older people
 Young People
 Disabled People
 Other Groups (please specify)

SECTION 5 FINANCIAL DETAILS

Please indicate the groups bank details?

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

How many people have to sign each cheque or withdrawal from this account?

Please list all cheque/withdrawal signatories?

Name	Position in group

Please tick only the ages of the people that **DIRECTLY** benefit from your project/organisation.

Tick **ONLY** the box(es) that **BEST DESCRIBE** the people that benefit.

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.

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

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	£		

Please DO NOT WRITE 'see enclosed accounts'

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

SECTION 6 DECLARATION

MAIN CONTACT (as named in section 2 of this form)

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.

This must be the same person who is named on the form at section 2.

Name (Block Capitals)

PLEASE PRINT NAME

Signature

Date

SECOND SIGNATURE (a member of applicant group)

I declare that I am a member of the applicant group and that the information contained in this application is to the best of my knowledge accurate and up to date.

This must be another member of the applicant group.

Name (Block Capitals)

PLEASE PRINT NAME

Position in Group

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 as the main contact.

Have had the second signature signed at section 6.

And enclosed the following:

A signed copy of your Constitution or Articles of association (including the date of adoption) of the organisation

A list of committee members for the current year, with a copy of the AGM minutes at which they were elected

A copy of the group/organisation's most recent set of audited or independently examined accounts

Evidence of appropriate Public Liability insurance cover (new groups may submit an up to date quote)

A copy of your Protection of Children and Vulnerable Adults Policy with details of how adopted and applied by the group

Please tick to confirm that you have understood the information contained in this application form.

Please review the checklist and only submit the form when you have ticked **ALL** the boxes.

All of these documents are required for your application to be assessed. Your application will be returned to you if these documents are not submitted along with this form.

**FOR FURTHER
INFORMATION
PLEASE CONTACT**

**The Curator's Office
Irish Linen Centre &
Lisburn Museum
LISBURN, BT28 1AG**

T. 028 92 663377

www.lisburncastlereagh.gov.uk
culture.identitygrants@lisburncastlereagh.gov.uk