

# COMMUNITY SPIRIT

# Grant Aid Programme 2020

# Lisburn and Castlereagh City Council area

# APPLICATION FORM

Please read all the associated Information & Guidance Notes before completing this form.

**1. Your Organisation:**

## Name of Group

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name of 1st Contact Person**

**Position held in Group**

**Address**

### Postcode Tel(day) Tel(evening)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full Name of 2nd Contact Person**

**Position held in Group**

**Address**

**Postcode Tel(day) Tel(evening)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_

**2. Your Proposal**

Lisburn & Castlereagh City Council, has launched a new funding scheme, for constituted community/voluntary and faith based organisations in recognition of Community Spirit during challenging times due to the Coronavirus,(COVID-19) pandemic. The Community Spirit Grant Aid Programmes aims to provide an opportunity for organisations to recognise community achievements during this time, coupled with promoting positive mental health and wellbeing. The programme aims to recognise the efforts of local groups and volunteers who delivered immediate and practical support in their areas of the city.

Applications for funding, up to a maximum of £500, must demonstrate how the proposal responds to the key themes and outlined below. The proposals must also adhere to the most recent NI Executive’s directives for Covid-19, particularly around social-distancing, capacity restrictions and hand washing/sanitising as per the NI Executive Coronavirus Recovery Plan.

[**https://www.nidirect.gov.uk/articles/coronavirus-covid-19-recovery-plan**](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-recovery-plan)

**KEY THEMES:**

1. Promoting positive mental health & well being
2. Promoting connectivity and reducing social isolation
3. Celebrating community achievements & volunteering
4. Reducing hardship and promoting community spirit

**FUNDING SCHEME TIMETABLE:**

|  |  |
| --- | --- |
| **Launch Date** | **3rd August 2020 12pm**  |
| **Closing Date** | **17th August 2020 4pm** |
| **Assessment Period** | **18th August 2020** |
| **Award Announcement** | **19th August 2020** |
| **Project Delivery Dates** | **24th August – 7th October 2020** |

**Application Forms can be downloaded from:**

**lisburncastlereagh.gov.uk/community or by contacting Lesley Wilson Community Arts Officer on E:** **lesley.wilson@lisburncastlereagh.gov.uk** **T:** **028 9244 7713**

**NB**: All activities/events MUST take place during the period **24 August – 7th October 2020**.

**Please outline your project, to include who will be the beneficiaries along with delivery times and any associated dates for events**

3. **Community Benefit**

The following areas will be a priority for this grant programme:

* Initiatives that promote positive mental health and well-being and encourage a sense of connectivity
* Activities that recognise the efforts and achievements of groups and individuals who responded to the Covid-19 pandemic, through supporting others
* Projects that encourage collaboration with other groups
* Projects that promote community spirit

**Please tell us how you intend to address one or more of the above priorities and the potential number of people involved and how you will adhere to the NI Executive’s directives on current social-distancing restrictions and sanitisation as per the NI Executive Coronavirus Recovery Plan:**

**4. Financial Information**

**Please provide an estimated breakdown of expenditure and any anticipated match-funding:**

|  |
| --- |
| **EXPENDITURE** |
| Description | Amount (Please breakdown to the nearest £50) | Total  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **GRAND TOTAL**  |  |  |
| **MATCH FUNDING**  |
| Name of Funder  | Amount  | Pending/Confirmed |
|  |  |  |
|  |  |  |

**Amount sought from Council ­­­­­­­­­­­­­­£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If we have already received your bank account details and they have not changed in the last 12 months, please tick this box and move to Question 5.

**Bank Account Details:**

**Name of Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sort Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

####  5. CHECKLIST

**Please Note:**

**If you have supplied all of the below documents to the council in the last 12 months and no changes have been made, please simply tick**

**this box and move to Question 6.**

**Have you attached the following documentation?**

#### A copy of your organisation’s Constitution Yes

####

**A copy of the Minutes of your last Annual General Meeting Yes**

**A copy of your most recent audited or independently verified accounts Yes**

#### A copy of your organisation’s Safeguarding Policy Yes

**A copy of your group’s Public Liability Insurance to a Yes**

**minimum value of £5 million**

**Are you willing to give recognition for the council’s support in Yes**

**all promotional material and PR opportunities associated with this grant?**

**Have all sections of the application been completed? Yes**

**6. Declaration**

I hereby declare that we agree to adhere to all relevant health and safety legislation. I also certify that all information submitted in this application is truthful and accurate. I understand that any misleading statements (whether deliberate or accidental) given at any stage during the application process could render the application invalid. I also agree to submit a post-event evaluation, financial statement and relevant receipts should the application be successful.

###### Signed: Date:

**DATA PROTECTION ACT 1998**

Lisburn and Castlereagh City Council collects the data on this form for the purposes of administration. This data is not used for any other purpose or is not disclosed to any other organisation

|  |
| --- |
| **NOTE TO APPLICANT** **1) Can we add your organisations details to our website to share the services you offer?**Yes No**2) If yes, please provide the contact details you wish to forward for this.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Please email all completed and signed Application Forms to:**

**Lesley Wilson, Community Arts Officer**

**Lisburn and Castlereagh City Council**

**E:** **lesley.wilson@lisburncastlereagh.gov.uk**

**T:** **028 9244 7713**