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| **DONEGAL LOCAL DEVELOPMENT CLG**  **SOCIAL ENTERPRISE DEVELOPMENT GRANT 2021**  **NOTE: Closing Date \*Friday 3rd September 2021 at 5:00pm** | |
| **SOCIAL ENTERPRISE (GROUP) NAME:** | **FOR OFFICE USE ONLY**  Date Received:  Reference Number:  SICAP Recommendation: |
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| **ALL APPLICATIONS TO BE RETURNED TO:**  **Alison McMonagle**  **SICAP PROGRAMME**  **Donegal Local Development CLG**  **1 Millennium Court, Pearse Road, Letterkenny**  **Co. Donegal**  **F92 W5OR**  **By 5pm on Friday 3rd September 2021**  **CLOSING DATE AND TIME WILL BE STRICTLY ADHERED TO**  **Applications Received after the Deadline will not be considered** | |
| **Please read the guidelines before completing this form.** | |
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| **DONEGAL LOCAL DEVELOPMENT CLG**  **SOCIAL ENTERPRISE DEVELOPMENT GRANT 2021**  Donegal Local Development CLG, delivers the Social Inclusion & Community Activation Programme (SICAP) in Donegal. The SICAP programme is funded by Donegal Local Community Development Committee (Donegal LCDC). DLDC will administer this grant scheme in accordance with the National Programme Framework and Guidelines issued by Pobal for the delivery of the Social Inclusion & Community Activation Programme.  **TERMS AND CONDITIONS**   * Grants will only be paid to Social Enterprises that meet the eligibility criteria for the scheme as outlined in the guidance notes. * Applicant Social Enterprises must have development plans and objectives that align with the intended outcomes of the National SICAP programme – please see guidance notes. * The information supplied by the applicant Social Enterprise (group) must be accurate and complete. * Misinformation may lead to disqualification and/or the repayment of any grant made. * All information provided in respect of the application for a grant will be held electronically. DLDC reserves the right to publish a list of all grants awarded on its website. * The Freedom of Information Act applies to all records held by DLDC. * The application form must be signed by the Chairperson, Secretary or Treasurer of the social enterprise (group) making the submission. * It is the responsibility of each Social Enterprise (group) to ensure that it has proper procedures and policies in place including appropriate insurance(s) where relevant. * Social Enterprises (groups) must be in a position to complete their project and draw down by 31st October 2021. * The contribution of DLDC and the LCDC must be publicly acknowledged in all materials associated with the purpose of the grant. * No third party or intermediary applications will be considered. * Late applications will not be considered. * Incomplete applications will be considered void. * Applications by post should use the correct value of postage stamps and allow sufficient time to ensure delivery not later than the closing date for the grant of **Friday 3rd September 2021 at 5pm.** * Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications. * Please ensure all relevant information, including quotes from three independent suppliers, is included on and attached to your application. * Applications must include account details for the Social Enterprise (groups) nominated account. * Applications must include Tax Registration Number or Charitable Status Number (CHY) for the Social Enterprise (Group). * Unincorporated Social Enterprises (groups with constitution only) must provide a copy of their constitution with this application. * In order to process your application it may be necessary for DLDC to collect personal data from you. Such information will be processed in line with DLDC’s privacy statement and data protection procedures. Information will be held securely for the relevant time period as required by programme funders. |

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|  | **SECTION 1 – YOUR ORGANISATION** | | | |  | | | |
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| **Name of Social Enterprise (Group)** | |  | | | | | | |
| **Address**  **(Including Eircode)** | |  | | | | | | |
| **Contact name** | |  | | | | | | |
| **Role in group** | |  | | | | | | |
| **Telephone number** | |  | | | | | | |
| **Email address** | |  | | | | | | |
|  | |  | | | | | | **Y = YES** |
| **Groups Legal Status** | | **Incorporated - Company Limited by Guarantee** | | | | | |  |
| **Unincorporated - Constitution only** | | | | | |  |
| **Note: If your group is not set-up as a CLG (unincorporated) then please attach a copy of your constitution to this application form.** | | | | | | | | |
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| **Tax Reference Number (Revenue)** | |  | | | | | | |
| **Charitable Status Number (CHY)** | |  | | | | | | |
| **Registered Charity Number (RCN)** | |  | | | | | | |
| **Are you registered for VAT?** | | **Y=YES** |  | **N=NO** | | |  | |
| **Please provide a brief description of your social enterprise (group): History, objects, area that you operate in, committee structure, the services you provide.** | | | | | | | | |
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| **Please provide a brief description of your development objectives: what you are trying to achieve, the intended outcomes of your work. To be eligible for this grant scheme these objectives must align with the intended outcomes of the SICAP Programme – see guidance note.** | | | | | | | | |
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| **Please confirm the total number of employees working within your social enterprise (group), and the total number of employment scheme participants i.e. TUS, RSS, CE, JI, Other. Please note that this scheme is only available to social enterprises with fewer than 10 employees.** | | | | | | | | |
| **Full-time employees** | | | | | |  | | |
| **Part-time employees** | | | | | |  | | |
| **Scheme Participants – TUS / RSS / CE / JI / Other** | | | | | |  | | |

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|  | **SECTION 2 – PROJECT DETAILS** | |  | | |
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| **What is the total cost of your planned project?** | | | | | **€** |
| **How much match-funding are you applying for?**  **Match-funding grant: SICAP 80% (Maximum), Applicant 20% (Minimum)**  **The maximum SICAP contribution is limited to €2,500 and may be a lesser amount based on the limited funding available in the scheme** | | | | | **€** |
| **How much match-funding will you contribute?**  **Match-funding grant: SICAP 80% (Maximum), Applicant 20% (Minimum)**  **Applicants should strive to contribute more than the minimum 20%** | | | | | **€** |
| **To be eligible for funding under this scheme you must state how you will provide match funding to participate in the scheme i.e. do you have cash at bank, hold un-restricted reserves.** | | | | | |
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| **When will your project be completed?**  **Projects must complete on or before 30/11/21** | | **/ / 2021** | | | |
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| **What is the specific purpose of the grant sought and why is there a need for the grant i.e. why is the social enterprise applying to this small scale grant scheme?** | | | | | |
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| **PLANNED EXPENDITURE – TOTAL PROJECT COSTS** | | | | | |
| **Description of Item - Please provide details for each item of planned expenditure and attach 3 independent quotes for each item** | | | | **€ Total Cost**  **(Including VAT)** | |
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| **Total Project Cost** | | | | **€** | |
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| **Match funding grants will only be paid to a nominated account in the name of the applicant social enterprise (group). Please attach a copy of a statement for the nominated account with this application – to provide the Account name, Account number, BIC and IBAN.** | | | | | |

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|  | **SECTION 3 – OTHER PUBLIC FUNDING** | | | |  | | |
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| **Please provide an outline of the public funding (from other sources) that you have either received, applied for or which you expect to receive in 2021. This should include any funding received annually by way of recurring publicly funded contract(s).** | | | | | | | |
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| **Please confirm that you do not have any other live applications for funding from any other public funding sources in 2021, for the project costs applied for in this application.** | | | | | |  | |
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|  | | **SECTION 4 – DECLARATION** | |  | | | |
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| * **I declare that the information given in this form is correct.** * **I confirm that I have read and fully understand the ‘Terms and Conditions’ of the Social Enterprise Development Grant Scheme 2021 (see page 2 of this form).** * **I confirm that I have read the Social Enterprise Development Application Guidelines prior to completing this form.** * **I confirm that this grant application is submitted in acceptance and compliance with the Terms and Conditions.** * **I confirm that the applicant Social Enterprise (group) would not be able to undertake this project without the grant aid applied for.** * **I confirm that no application to another public funding body is currently live, in respect of any of the project costs outlined in this application.** * **I confirm that the applicant group is tax compliant (please ensure that you provide details of tax reference number or CHY charitable status number on the application form).** | | | | | | | |
| **NAME IN BLOCK CAPITALS:**  **On behalf of the social enterprise (group)** | | | € | | | | |
| **SIGNATURE** | | |  | | | | |
| **POSITION HELD IN GROUP**  **Chairperson / Secretary or Treasurer** | | |  | | | | |
| **DATE** | | |  | | | | |
| **APPLICANT CHEKLIST** | | | | | | | **Y = YES** |
| Signed and completed application form | | | | | | |  |
| Details of 3 alternative independent quotations for expenditure items | | | | | | |  |
| Copy of recent bank or credit union statement provided for nominated account | | | | | | |  |
| Details or charitable status or tax reference number | | | | | | |  |
| Unincorporated social enterprises (groups) only – provide a copy of your constitution | | | | | | |  |