

**DONEGAL LOCAL DEVELOPMENT CLG**

***Social Inclusion & Community Activation Programme***

***‘Connecting Communities Programme – Transport Costs 2023’***

Applications are now being accepted from Local Community Groups who are engaging in projects that promote the goals of the Social Inclusion Community Activation Programme (SICAP) and who are seeking “transport only supports” for social inclusion, networking, and collaborative activities.

Detailed information on the goals, objectives, and target groups of SICAP are all available on our website. [www.dldc.org](http://www.dldc.org)

Please note specifically that any offer will be subject to:

* A payment / part payment for **one** trip only
* A maximum allocation being agreed and adhered to
* A clear statement of need and of the networking benefits to the Local Community Group
* Transport requested completing on or before 30th September 2023

**Completed applications should be returned to Alison McMonagle, SICAP PROGRAMME, Donegal Local Development CLG, Unit 1, 2nd Floor, Glenview Business Park, Carnamuggagh Business Park, Carnamuggagh Upper, Letterkenny, Co.Donegal F92 XSEF or via email (amcmonagle@dldc.org) to be received not later than closing date below.**

**\*\*CLOSING DATE FOR RECEIPT OF COMPLETED APPLICATIONS: 5.00pm Friday April 21st, 2023\*\***



*“The Social Inclusion and Community Activation Programme (SICAP) is co-funded by the Irish Government through the Department of Rural and Community Development and the European Social Fund plus under the Employment, Inclusion, skills and Learning (EIST) 2021-2027”*

**Form 2 - Eligibility & Specific Conditions of Offer**

Please note that the following conditions apply in respect of our administration of the ‘Connecting Communities Programme – Transport Costs 2023’ allocated grant. These conditions apply in respect of all groups seeking “transport only” supports.

**Eligible Activities:**

* Groups funded for ‘Connecting Communities Programme – Transport Costs 2023’ must aim to undertake activities with clearly identifiable social inclusion objectives and intended impacts/outcomes.
* Groups should provide a clear statement of the social inclusion/ networking / collaborative outcomes of the project for which transport support is request.
* Groups should provide a clear statement when submitting their request of why the transport support is needed and how it cannot be provided through alternative funding sources i.e., through members own funds, other organisations, or agencies.
* Applications from Local Community Groups who are already being resourced under the SICAP Programme for transport costs will not be considered.
* Requests will be assessed on a case-by-case basis against specific criteria, ensuring a fair apportionment of funds.

**Cost of Journey and Payments:**

* A quotation should be obtained from the transport operator, in respect of the transport (journey) being supported. Verbal quotations are sufficient.
* **Payments for supported journeys will be paid directly to the transport operator by DLDC through the Social Inclusion Community Activation Programme based on the submission of a valid invoice and support documentation as outlined in the ‘Claim Support Documentation’ section below.**

**Eligible Date for Transport:**

* A condition of any grant offer will be that all support transport journeys will complete before 30th September 2023.

**Group Transport Needs / Requirements:**

* Groups seeking transport support should complete and return the attached **“Application Form”** clearly outlining / detailing their transport support needs.

**Insurance / Bus Operators:**

* It is the responsibility of the applicant Local Community Group to ensure that the Transport provider they engage has the necessary insurance in place to provide this service – Providers will be required to sign a ‘Declaration of Compliance’ before undertaking the journey.
* It is the responsibility of the applicant Local Community Group to ensure that they have all necessary insurance in place to deliver all and any activities associated with this project.

**\*DLDC Accept no liability for any losses, accidents or circumstances that might give rise to an insurance claim.**

**Letter of Offer:**

* Groups will be notified in advance by way of a ***“letter of offer,”*** of any transport being supported by DLDC under the SICAP programme through the ‘Transport Only – Funding Supports – 2023’

**Protection of Children or Vulnerable Adults:**

* Groups that are providing transport or activities for children or vulnerable adults will be asked to confirm in writing, that all required policies and adequate supervision is in place for any supported journeys. This document will be issued with the letter of offer.

**Claim Support Documentation – Invoice / Passenger Log / Impact Statement:**

* **Invoices should be made payable to Donegal Local Development CL, dated on or after the date of the journey and submitted to DLDC with supporting documents as below.**
* A passenger log detailing the number of passengers and journey details must be completed and submitted to DLDC for the journey being supported. This document will be issued with the letter of offer.
* The groups lead supervisor accompanying the group travelling must sign the log together with the bus driver.
* A completed Impact Statement –which will be supplied with the Letter of Offer, must be returned to DLDC on completion of journey supported.

**For further details or assistance with completing this application form, please email mlarkin@dldc.org**

**APPLICATION FORM**

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| --- | --- |
| **SECTION ONE**  | **APPLICANT DETAILS**  |
| **Name of Group or Organisation:** |  |
| **Please identify the****Legal status of your** **group or organisation and identify whether it has charitable status:** |  | **Y=YES**  | **N=NO** |
| **Company Limited by Guarantee**  |  |  |
| **Cooperative** |  |  |
| **Constitution, Memorandum and Articles** |  |  |
| **Charity (charitable status)** |  |  |
| **Other (please specify)** |  |
| **Contact Details** | **Contact – Chairperson** | **Contact – Other please state****(e.g., Committee, Director or Staff))** |
| **Name:** |  |  |
| **Position / Job Title:** |  |  |
| **Address:** |  |  |
| **Telephone (landline):** |  |  |
| **Mobile Number:** |  |  |
| **E-mail address:** |  |  |
|  |
| **SECTION TWO** | **TRANSPORT / JOURNEY DETAILS** |
| **Date that transport is needed:** |  |
| **Journey Details (to & from)** |  |
| **Time of pick-up & drop off:** |  |
| **No. of passengers expected:** *a passenger log will need to be completed for each approved journey. You will receive the log with your letter of offer if funding is approved.* |  |
| **Preferred transport (bus) operator – Please include full contact details.** *Local Community Groups must ensure that the Transport provider has the necessary insurance in place – Providers will be required to sign a ‘Declaration of Compliance‘ before undertaking the journey.* |  |
| **Please provide details of the estimated costs.** | **Total Cost of Journey** | **€** |
| **Requested transport support total from DLDC.** | **€** |
|  |
| **SECTION THREE** | **PROJECT DETAILS - OUTCOMES AND IMPACT** |
| **Please provide a brief background history of your group / organisation i.e., how, and why your group was established, its mission, aims, objectives, its main activities:** |
|  |
| **Describe the** **social inclusion/ networking / collaborative outcomes for which funding support is now being sought. What does it aim to achieve? Who will benefit from this opportunity?** *Please describe the anticipated impact and benefit for your group.* |
|  |
| **Evidence of need: How did your group determine the need for this social inclusion / networking / collaborative initiative?** *Activities planned must demonstrate a clear fit with social inclusion objectives. Please note that in the interests of fairness, in light of only a small fund being available, please request only that transport which you deem essential.* |
|  |
| **How does this project fit with the aims and objectives of SICAP? (E.g., tackle poverty and social exclusion with specific reference to the beneficiaries / target groups?**  |
|  |
| **The Social Inclusion Community Activation Programme (SICAP) identifies 14 different categories (plus additional priority areas 2021/22) of economically / socially disadvantaged persons who are classified as being at risk of poverty and social exclusion within Ireland. In this section, applicants are asked to select the target groups expected to benefit from this funding support. Select up to a maximum of three target groups only, by inserting “Y” for “YES” in the table below.**  |
| Please select up to a **maximum of three** key target groups most relevant to your project

|  |  |  |  |
| --- | --- | --- | --- |
| **Disadvantaged Women** |  | **Disadvantaged Youth People (15-24)** |  |
| **Disadvantaged Children & Families** |  | **People with Disabilities** |  |
| **Rural Isolation – Connectivity & Transport** |  | **Lone Parent** |  |
| **Low Income Workers/Households** |  | **Migrant Communities** |  |
| **People with Disabilities** |  | **Travellers** |  |
| **The Unemployed** |  | **Roma** |  |
| **The disengaged from the Labour Market Economically Inactive:** |  | **People with Disabilities** |  |
| **Priority Area 2021/22** **Mental Health (including youth)** |  | **Priority Area 2021/22****Older People and isolation**  |  |

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| **10. Is your group currently registered on the PPN database of community groups?** | **Y=YES** |  | **N=NO** |  |

|  |  |  |
| --- | --- | --- |
|  | **SECTION 4 – DECLARATION** |  |
| * I declare that the information given in this form is correct.
* I confirm that I have read and fully understand the Form 3 - Eligibility & Specific Conditions of Offer
* I confirm that this grant application is submitted in acceptance and compliance with the Terms and Conditions.
* I confirm that the applicant Local Community 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 costs outlined in this application.
 |
| **NAME IN BLOCK CAPITALS:** **On behalf of the Local Community Group** |  |
| **SIGNATURE** |  |
| **POSITION HELD IN GROUP****Chairperson / Secretary or Treasurer** |  |
| **DATE** |  |

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