

SMALL GRANTS APPLICATION FORM

Ref. No:

Office Use Only

FUND APPLIED TO: ONE SMALL STEP

SECTION A: Applicant Details

1. **Name of Applicant:**

Address: _____

_____ **Postcode:** _____

Age: _____

Contact Number: _____ **E-mail:** _____

2. **Tell us about yourself (your experiences or skills that are relevant to the project that you propose to carry out):**

SECTION B: Funding Request Details

3. Describe your proposed project:

Please provide project title; describe the project aims, why it is needed, who will be responsible and who will be involved; outline what specific actions will be carried out, where and how; describe how participants will be recruited and involved.

Please specify milestones and **provide a project schedule** (may be attached).

Continue on one additional page if necessary

4. What are the dates for your project?

Start: _____ **Finish:** _____

5. Number of participants?

Male: _____ **Female:** _____

6. Main age group of participants:

Children: **Adults 16-25:** **26-40:** **40-50:** **50+:**

7. Please outline how your project fits with the themes and priorities as listed in the guidelines for the One Small Step Grant Fund:

8. Please show us the budget for your project and identify whether monies/resources other than the Community Foundation grant are available

Project Costs e.g.	Amount (£s)
Facilitator/Tutor Costs	_____
Travel and Subsistence	_____
Facilities/Room Hire	_____
Publicity/Advertising	_____
Course Material Costs	_____
Equipment	_____
Community Events	_____
Guest Speaker Fees	_____
Translation Costs	_____
Other Costs _____	_____
Other Costs _____	_____
Other Costs _____	_____
Other Costs _____	_____
Total Cost:	£ _____
Total money from other sources:	£ _____
Amount requested from Community Foundation:	£ _____

9. If you have money for this project from other sources please provide information below:

10. Are you involving other organisations/groups/communities?
Describe who will be involved and state whether this is something new

11. How will this project have a long term impact on the lives of the participants? Outline what you hope to achieve and what difference the project will make?

12. Evaluation: What indicators will demonstrate that your project has been successful and how will you evaluate the project?

13. Are you working with an organisation that has the required policies and procedures for implementing the project?

These include statutory compliance – e.g. if working with children or vulnerable adults, confirm if you have appropriate Child Protection / Vulnerable Adult protection policies and procedures

14. Have you or your supporting group or organisation received funding from the Community Foundation for Northern Ireland before? Please list grants received.

ALL APPLICANTS:

All applicants must provide names of two referees who are familiar with them and their work - please provide details on the form attached.

If you are working through a community group or organisation please attach a copy of their constitution, accounts and committee list.

3. DECLARATION

If this proposal is selected for funding the applicant agrees to:

- a) *Provide bank details, in the name of the supporting constituted group or organisation*
- b) *Complete a short Evaluation Form and Financial Monitoring Form at the end of the project*

I agree to the above conditions and I declare that the information provided on this form is true and accurate:

Signed: _____ Date: _____

Name: _____ Position: _____

Address for Applications:

The Community Foundation for Northern Ireland
Small Grants
Community House, Citylink Business Park
Albert Street
Belfast BT12 4HQ

Telephone: 028 9024 5927

Fax: 028 9032 9839

Website: www.communityfoundationni.org

ONE SMALL STEP GRANT FUND

Additional Information required:

Please provide the names and addresses of two people who will be prepared to provide a reference for you in connection with this application.

Your referees should not be related to you in any way and should have direct knowledge of your work. We will contact the referees directly.

REFEREE 1	
Name:	
Organisation:	
Address:	
Contact number:	
E-mail:	

REFEREE 2	
Name:	
Organisation:	
Address:	
Contact Number:	
E-mail:	