**Department of Health**

**Core Grant Funding Scheme**

**2023/24**

**Application Form**

Please:

* complete in CAPITAL letters using black ink or black font
* answer **ALL** the questions and complete all blank spaces
* continue on separate sheets if necessary
* read the guidance notes before completion
* be aware that the information provided on this form may be made available to other Departments/Agencies for the purposes of preventing or detecting crime.

|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Address of organisation (Head Office)** | Building name:  No. & Street:  Area:  City:  Postcode: |
| **Lead applicant contact name** |  |
| **Lead applicant job title** |  |
| **Lead applicant email address** |  |
| **Lead applicant phone number** |  |

|  |  |
| --- | --- |
| **How much funding is being applied for from 1 April 2023 – 31 March 2024?**  **(Amount must be between £5,000 and £200,000).** | Please state estimated **total** cost of funding including VAT. Organisations entitled to reclaim VAT should insert the total project costs net of VAT. |
| **Please provide evidence to demonstrate that the organisation has considered other potential sources of the funding applied for.** |  |

**Eligibility**

To be eligible for funding, an organisation must:

* Operate in Northern Ireland;
* Be independent, not for profit, and have a constitution or set of rules defining its aims, objectives and operational procedures;
* Have a suitable management structure and appropriate financial controls; and
* Comply with relevant legislative requirements in respect of employment, health and safety, discrimination and equality of opportunity.

Applications from individuals, statutory bodies, commercial organisations, academic institutions (schools), trade unions or political parties will not be considered. Organisations must either deliver front-line services based on identified need or provide central support services, which are in line with DoH strategic and policy objectives and, in particular, the vision for the HSC articulated in Delivering Together[[1]](#footnote-1).

The organisation may:

* represent the organisation’s membership or sector to the public, to the private sector and to Government, including consultation and policy influencing activities;
* provide training, advice, advocacy, mentoring, information and other practical support to local groups, other organisations and service users; or
* support, encourage, facilitate or actively participate in partnerships, which assist in the delivery of the Department’s strategy ‘Delivering Together’ including those which build capacity in communities and in prevention/early intervention.

Financial contributions (ranging from £5,000 - £200,000) towards core costs will be offered on the basis that specified outputs and outcomes will be delivered by the organisation. The following costs are eligible:

* relevant and essential staff salaries related to the organisation or service;
* relevant training costs;
* relevant running costs and overheads;
* essential equipment and minor capital items (to a limit of £5k per item);
* appropriate management and audit costs;
* costs of involving volunteers; and
* evaluation costs for the organisation or service.

It should be noted that the list of cost types above is indicative rather than exhaustive.

The following costs are ineligible:

* alcohol, cigarettes, or other substances considered harmful to health;
* general appeals;
* dispute settlements;
* compensation costs;
* petty cash and sundries; and
* debt repayment.

|  |
| --- |
| I confirm that the organisation and this application meet the eligibility criteria on page 4  Signature\*: Date:  Chief Executive signature (if Chief Executive is not the Lead Applicant):  Signature\*: Date:  \*This section must be signed by the Lead Applicant identified on page 3 and the Chief Executive (if the Chief Executive is not the Lead Applicant). |

Please provide details of what the funding is to be used for:

|  |  |
| --- | --- |
| Staff salaries\* | £ |
| Training costs | £ |
| Running costs/overheads | £ |
| Essential equipment/minor capital items | £ |
| Management/audit costs | £ |
| Volunteer costs | £ |
| Evaluation costs\*  Consultancy costs for the year must be less than £75,000.00. | £ |
| Other (please specify below) | £ |

\*Staff salaries

Please give details on page 6 of the posts for which funding is sought (please include part-funded posts). Posts which are funded in full through other means should not be included in this table. Continue on a separate sheet if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Post title | Full Time Equivalent (FTE)[[2]](#footnote-2) eg. 0.8 | Full salary of 1 FTE per annum (inclusive of Employer NIC/ Pension) | Salary Cost of 1 FTE excluding Employer NIC/Pension (£) | Funding sought | Funding sought as a percentage of salary cost to organisation |
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|  |  |
| --- | --- |
| Anticipated Total Organisational Staffing Costs | 2023/24  £ |
| Total organisational salary costs excluding Employer’s NIC and Employer’s Pension Contributions |  |
| Employer’s NIC |  |
| Employer’s Pension Contributions |  |
| Total salary costs (£) |  |
| Total salary costs for which funding is sought (£) |  |

Please include with your application a digital or physical copy of the pay scale which is currently being used (this must state the basis for using that pay scale e.g. “parity with NICS/NICVA published pay scale”), and indicate below which point on the scale is applicable to each post holder for whom funding is being sought. Where no pay scale is used, or the point on the pay scale differs from that normally expected for the post holder, please explain why this is the case. Continue on a separate page if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Post | Point on the scale | Salary of post holder | Explanation of differences |
|  |  |  |  |
|  |  |  |  |
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Please give details of what the non-salary element funding is for in in the table below. **Please note that the organisation must retain all relevant invoices/paperwork to demonstrate the final amounts committed to each type of expenditure for 7 years.** Claims for funding to the extent that they relate to expenditure by the organisation on equipment, goods and services shall be evidenced by original receipts or paid invoices identifying such equipment or goods by reference to model or serial number or such other evidence as is advised by the Department to be considered acceptable for such expenditure.

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditure** | **Funding sought from DoH Core Grant Scheme to contribute to these costs** | **Funding sought from other sources** | **Total anticipated cost to organisation** |
| Training costs  *(Please detail the training required below, along with an explanation for any training which is not accredited)* |  |  |  |
| Equipment/Capital Expenditure *(Please detail items and costs of each item below)* |  |  |  |
| Management/Audit costs *(Please detail each cost and why it is necessary)* |  |  |  |
| Travel Expenses *(Please include mileage rates and basis of estimation of other travel costs)* |  |  |  |
| Rent and Rates *(Please state floor area and location of premises)* |  |  |  |
| Heat, Light and Power costs *(Please detail individual elements)* |  |  |  |
| Telephone and Internet costs |  |  |  |
| Insurance costs *(Please detail insurance cover required)* |  |  |  |
| Printing, Stationery and Postage costs *(Give basis of estimation e.g. number of items and cost per item)* |  |  |  |
| Cost of involving volunteers *(Detail each associated cost and why it is necessary)* |  |  |  |
| Evaluation costs *(Please detail evaluation required and basis of estimation)*  **Consultancy costs for the year must be less than £75,000.00.** |  |  |  |
| Other Expenditure *(List items individually below, with description, amount and basis of estimation for each item*) |  |  |  |
| **Total Non-Salary Portion of Bid** | **£** |  |  |

How will the organisation support and promote equal opportunities? (This includes promoting equality of opportunity and good relations in accordance with section 75 of the Northern Ireland Act 1998). Continue on a separate page if necessary.

Maximum 500 words.

Target Groups:

This section of the form is intended to capture data on a number of specific Section 75 Equality Legislation groups the organisation plans to target. Please complete the following sections of this form by ticking the most appropriate option from the lists provided.

**Each of the 8 sections must be completed.**

**Gender**

Please tick one option only.

|  |  |
| --- | --- |
| Male |  |
| Female |  |
| No Specific Gender Target Group |  |

**Marital Status**

Please tick one option only.

|  |  |
| --- | --- |
| Married |  |
| Single |  |
| Divorced |  |
| Separated |  |
| Widowed |  |
| No Specific Marital Status Target Group |  |

**Age Group**

Please tick all age groups that apply.

|  |  |
| --- | --- |
| Under 4 |  |
| 4 years |  |
| 5-11 years |  |
| 12-16 years |  |
| 17-18 years |  |
| 19-21 years |  |
| 22-25 years |  |
| 26-65 years |  |
| Over 65 |  |
| No Specific Age Target Group |  |

**Ethnicity**

Please tick all ethnic groups that apply

|  |  |  |
| --- | --- | --- |
| White | |  |
| Irish Traveller Community | |  |
| Black African | |  |
| Black Caribbean | |  |
| Indian | |  |
| Pakistani | |  |
| Bangladeshi | |  |
| Chinese | |  |
| Asian | |  |
| Other | |  |
| If ‘other’ please specify |  | |
| No Specific Ethnic Target Group | |  |

**Community Background**

Please indicate the community background category appropriate to **at least 80%** of the project beneficiaries or likely beneficiaries.

Please tick one option only

|  |  |  |
| --- | --- | --- |
| Roman Catholic | |  |
| Protestant | |  |
| Hindu | |  |
| Jewish | |  |
| Muslim | |  |
| Sikh | |  |
| Buddhist | |  |
| No Religious Belief | |  |
| Other | |  |
| If ‘other’ please specify |  | |
| No Specific Community Background Target Group | |  |

If no community background category is 80% or above please estimate the % split in the space below.

|  |
| --- |
|  |

**Other Specific Target Groups**

It may be possible that your project is targeted at another specific group of people outside of the above mentioned Section 75 categories, if so please tick the most appropriate box below.

Please tick all that apply.

|  |  |  |
| --- | --- | --- |
| Unemployed | |  |
| Persons with dependants[[3]](#footnote-3) | |  |
| Persons with a disability | |  |
| Other | |  |
| If ‘other’ please specify |  | |
| None | |  |

**Sexual Orientation**

Please tick all sexual orientation groups that apply

|  |  |
| --- | --- |
| Gay |  |
| Lesbian |  |
| Bi-sexual |  |
| Heterosexual |  |
| Transgender |  |
| No Specific Sexual Orientation Target Group |  |
| Other |  |

**Political Opinion**

Please tick all political opinion groups that apply

|  |  |  |
| --- | --- | --- |
| Unionists | |  |
| Nationalists | |  |
| Other | |  |
| If ‘other’ please specify |  | |
| No Specific Political Opinion Target Group | |  |

Please provide a summary of the aims and purposes of the organisation.

Maximum 500 words.

Please outline how your organisation meets the Core Funding Eligibility Criteria (see guidance notes)

Maximum 500 words

What are the intended outcomes which will be delivered if funding is secured and when will these be delivered?

Maximum 1000 words

How will the organisation contribute to the Department’s strategic and/or policy objectives, and/or assist in the development of Departmental strategy and/or policy?

Maximum 1000 words.

Why is the work of the organisation (referenced in the answer to the previous question) required? Does the work represent value for money? Does any other organisation provide a similar service?

Maximum 1000 words.

How will you ensure that the work referenced above is delivered successfully? What Monitoring and Reporting arrangements are in place to ensure the targets / outputs are being met? How will success be demonstrated?

Maximum 1000 words.

Will the organisation work in partnership across the statutory, community and voluntary sectors? If so, please give details of the nature of the partnership working.

Maximum 500 words.

Income and Expenditure

In this section please give a summary of all estimated anticipated income and expenditure. Where required, the basis and details of estimation should be explained. Continue on a separate sheet if necessary.

Total Income Summary

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2021/22  (Actual) | 2022/23  (Anticipated) | 2023/24  (Anticipated) |
|  | £ | £ | £ |
| Own Resources |  |  |  |
| Donations |  |  |  |
| Bank Loans |  |  |  |
| Income from fees, sales etc (Detail source of income, amount & activity which generated it, e.g. sales of Christmas Cards £600). |  |  |  |
| Cash Funding from Partners (Detail names of partners and amounts donated by each partner. Where this is restricted funding, please indicate how it must be attributed). |  |  |  |
| Current (at the time of application being submitted) balance of bank account into which funding will be deposited. |  |  |  |
| Other funding sought and secured  (Please provide details of all other funding which you have applied for. This includes any bids for which a final decision has not yet been made by the funding body). |  | | |
| Total Income |  |  |  |

Total Expenditure

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2021/22  (Actual)  £ | 2022/23  (Anticipated)  £ | 2023/24  (Anticipated)  £ |
| Capital Expenditure (Give description and cost of each item) |  |  |  |
| Wages and Salaries inclusive of Employer’s NIC and Employer’s Pension Contributions |  |  |  |
| Travel Expenses (Include mileage rates and basis of estimation of other travel costs) |  |  |  |
| Rent and Rates (State floor area and location of premises) |  |  |  |
| Heat, Light and Power |  |  |  |
| Telephone & Internet |  |  |  |
| Postage (Give basis of estimation e.g. number of items and cost per item) |  |  |  |
| Printing and Stationery (Include basis of estimation.) |  |  |  |
| PR and Advertising (Include breakdown of costs and basis of estimation) |  |  |  |
| Cleaning (State floor area of premises) |  |  |  |
| Maintenance |  |  |  |
| Insurance |  |  |  |
| Evaluation  Consultancy costs for the year must be less than £75,000.00. |  |  |  |
| Cost of involving volunteers (Include description and basis of estimation of each item) |  |  |  |
| Professional Fees & Memberships |  |  |  |
| Bank Charges |  |  |  |
| Project Expenditure |  |  |  |
| Other Expenditure (List items individually below, with description, amount and basis of estimation for each item) |  |  |  |
| Total Expenditure |  |  |  |
| SURPLUS/DEFICIT  Based on Income & Expenditure detailed on pages 27-33 |  |  |  |

Where the total expenditure entered for 2021/22 differs by more than 10% from that recorded on the last available set of financial accounts for the organisation, please outline the reasons for this below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where you have indicated that you will be operating at a deficit in 2022/23 or 2023/24, please outline how you intend to improve your bank and reserve cover to ensure the ongoing sustainability of your organisation.

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Reserves

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List the titles and amounts of any funds held as reserves (Please refer to the relevant page number in your most recent set of audited financial accounts) | Is the reserve restricted (R) or unrestricted (UR)? | Explain why each fund is held in reserve | Are reserves available towards running costs in 2023/24? | |
| Yes/No | Explain |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Enclosures Checklist

Please ensure that you include the following along with your application when submitting to the Department. If any required enclosure is not available please submit an explanation for its absence:

√ Organisation Chart

√ Annual Report (latest year)

√ Audited Accounts (latest year)

√ Most recent 3 months of bank statements for the account into which funding will be deposited.

√ Job descriptions for posts for which funding is applied

√ Copy of salary pay scales (latest year) and copy of relevant salary records (including breakdown of Employer NIC and Pension payments) from the payroll system for those posts for which funding is being applied for

√ Forward Plan/ Corporate Plan (where appropriate)

√ Equal Opportunities Policy

√ Health and Safety Policy

√ Safeguarding Policy (including Child Protection Policy if applicable)

√ Travel and Subsistence Policy (if applicable)

Bank Account to which grant payments should be sent

|  |
| --- |
|  |

Bank Name:

Address: Postcode:

Name on Account/Account Holder:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Account Number

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Bank Sort Code

Declaration

You must agree to the following declaration by signing on page 38:

* I hereby declare that the information contained in this application form is accurate and in line with the requirements as outlined in the guidance notes;
* All persons/groups party to this application have read the guidance notes and understand their responsibilities including regarding the Department’s monitoring and evaluation processes;
* I agree that this information may be made available to other funders including other Government Departments and Agencies;
* I confirm that any funding requested will not duplicate any funding provided by other funders. In the event that the organisation obtains further funding at a later date I will immediately inform the Department;
* I understand I must inform the Department immediately if there are any changes to the information supplied with this application;
* I understand that if the information contained in this application form is proven to be intentionally false or misleading I or the organisation may be prosecuted under the Fraud Act 2006;
* I understand that the Department can at any time ask to see any supporting evidence in relation to this application and any future funding;
* The organisation’s financial procedures include adequate safeguards against fraudulent or corrupt actions;
* The organisation has a safeguarding policy in place, and operates effective procedures and controls, including appropriate checks, to ensure the safeguarding and protection of children and vulnerable adults;
* No changes will be made to any of the proposals for spending any funding received without the prior approval of the Department;
* I agree to return any funding received subsequent to this application to which it is found that the organisation is no longer entitled or for any amount incorrectly or inappropriately claimed in the application form;
* I agree to repay any underspend to the Department by the end of March 2024;
* I understand that the receipt of any funding is subject to the Department of Health identifying budget cover for the Core Grant Scheme in the 2023/24 financial year;
* Once funding is confirmed by a signed letter of offer, I will ensure that the funding is recorded on the Government Funding Database within 1 month[[4]](#footnote-4); and
* I understand that the Department of Health reserves the right to undertake post payment vouching to confirm the appropriateness of the payments made, which may result in recovery of payments where it is identified that payments made were not appropriate. I will retain full records to support the appropriateness of payments made.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | (Lead Applicant) | Date |  |
| Signed |  | (Chief Executive/Chair\*) | Date |  |

\*If the Lead Applicant is the Chief Executive, the Chair of the organisation should sign.

1. A copy can be accessed via: <https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>

   . [↑](#footnote-ref-1)
2. One full time worker gives a Full Time Equivalent (FTE) of 1. For part time workers, this is calculated by dividing the number of hours contracted per week by the number of hours worked by a full time employee in your organisation. For multiple employees performing the same role, add the results together. [↑](#footnote-ref-2)
3. Persons with personal responsibility for the care of a child; persons with personal responsibility for the care of a person with an incapacitating disability; persons with personal responsibility for the care of a dependant elderly person [↑](#footnote-ref-3)
4. Government Funding Database available at <https://govfundingpublic.nics.gov.uk> [↑](#footnote-ref-4)