

**This is an application for funding for a Small Capital Grant to support local volunteer involvement. This is a DfC initiative which is being administered by Limavady Community Development Initiative (LCDI) who have been appointed as an Intermediary Funding Body (IFB). Any grant awarded will be for a maximum of £5,000 and will directly support the key objectives of the DfC Volunteering Strategy and Action Plan.**

**Note: This grant is only eligible for expenditure incurred from the date of award until 31 March 2018.**

 **SMALL CAPITAL GRANT APPLICATION FORM**

**This form should be completed by the principal contact of the lead partner for this application**

1 Organisations submitting an application

|  |  |
| --- | --- |
| Organisation | Stakeholder staus |
|  | Lead administrative partner  |
|  | Stakeholder Partner |
|  | Stakeholder Partner |
|  | Stakeholder Partner |
|  | Stakeholder Partner |

2 Name and address of Lead Organisation:

|  |  |
| --- | --- |
| Contact Person |  |
| Name of Organisation |  |
| Address |  |
|  |  |
| Post Code |  |
| Phone - Landline |  |
| Phone - Mobile |  |
| Email  |  | Website |
| Council Area |  |
| How did you hear about this grant? |  |

3 What Sector(s) do the combined organisations in your partnership/consortium fall under (please tick appropriate):

|  |  |
| --- | --- |
| Faith  |  |
| Sport |  |
| Arts |  |
| Disability |  |
| Health |  |
| Youth |  |
| Elderly |  |
| Early Years |  |
| Culture |  |
| Women |  |
| Men |  |
| Community Development |  |
| Other |  |

4 If your group is part of a larger organisation, please name this organisation below:

5 What was the annual income of your organisation in the last financial year? (Note if organisations have an annual income of more than £100,000 they are not eligible to apply)

6 In order to be eligible, organisations must have an agreed constitution. Do you have a constitution in place?

Yes No but will complete by date

7 Please list your organisation’s main activities:

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

8 Bank Details.

|  |  |
| --- | --- |
| Account Name: |  |
| Bank/Building Society Name: |  |
| Bank/Building Society Address: |  |
| Sort Code: |  |
| Account Number: |  |

9 How many paid employees does your organisation have:

10 How many volunteers are currently involved with your organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| Management committee |  | Others |  |

11 How many of these volunteers are:

|  |  |  |  |
| --- | --- | --- | --- |
| Not in paid work  |  | Young people (16-25) |  |
| People with disabilities |  | Older people (50+) |  |
| ethnic minorities |  |  |  |

12 How many new volunteers do you expect to recruit?

13 How many new volunteers do you expect to be:

|  |  |  |  |
| --- | --- | --- | --- |
| Not in paid work  |  | Young people (16-25) |  |
| People with disabilities |  | Older people (50+) |  |
| ethnic minorities |  |  |  |

**Objective 1 – Please see note**

14 Please detail how you your organisation works in partnership & collaboration with other

 groups

|  |
| --- |
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**Objective 2 – please see notes**

15 Please detail how the project will lead to 'Income generation and/or Cost reduction' for

 your organisation

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| --- |
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**Objective 3 – Please see notes**

16 Please detail how the project will improve access to services for the local community

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| --- |
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**Objective 4 – Please see notes**

17 Please detail how the project will enhance your capacity to deliver services in your local community

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**Objective 5 – Please see notes**

18Please detail how the project will tackle obstacles to good relations within and/or between local communities

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**Objective 6 – please see notes**

19 Please detail how the project will deliver services and facilities in support of disadvantages children / young people (0-24 years) in the local community

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| --- |
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|  |

20 **The maximum grant you can apply for is £5,000.** Please note that maximum grant is dependent on the number of organisations that are a part of the partnership/consortium of this application.

* 2 partner groups = can apply for £1,500
* 3 - 4 partner groups = can apply for up to £3,500
* 5+ partner groups = can apply for up to maximum £5,000

Please outline below how you will allocate the grant applied for:

|  |  |  |
| --- | --- | --- |
| **Capital/Equipment:** (Each collective invoice per equipment heading must have a minimum value of £500) | **Quantity** | **Total Cost** |
| **Sports Equipment:** |  |  |
| Balls/Bibs/Cones |  | £ |
| Hockey Sticks / Hurls |  | £ |
| Portable Goalposts |  | £ |
| Dugouts |  | £ |
| Other (please detail) .............................................. |  | £ |
|  |  |  |
| **Furniture:** |  |  |
| Tables |  | £ |
| Chairs |  | £ |
| Blinds |  | £ |
| Soft Furnishings (Sofa) |  | £ |
| White Boards |  | £ |
| Filling Cabinets |  | £ |
| Other (please detail) .............................................. |  | £ |
|  |  |  |
| **Music Equipment** (no instruments allowed)**:** |  |  |
| Band stands |  | £ |
| Sheet Music Holders |  | £ |
| Mace/Baton |  | £ |
| Other (please detail) .............................................. |  | £ |
|  |  |  |
| **Play Equipment:** |  |  |
| Games Equipment (Table Tennis & Football / Air Hockey / Pool Table) |  | £ |
| Arts & Crafts |  | £ |
| Camp Equipment |  | £ |
| Outside Play (Swing set/ Seesaw / Slide / Climbing Frame) |  | £ |
| Other (please detail) .............................................. |  | £ |
|  |  |  |
| **Kitchen Equipment/White Goods:** |  |  |
| Cutlery/Plates/Cups/Saucers/Cooking Utensils |  | £ |
| Cooker |  | £ |
| Dishwasher |  | £ |
| Washing Machine/Tumble Dryer |  | £ |
| Water Boiler |  | £ |
| Fridge/Freezer |  | £ |
| BBQ |  | £ |
| Other (please detail) .............................................. |  | £ |
|  |  |  |
| **Electronics:** |  |  |
| Computer/Laptop/Tablet |  | £ |
| Printer/Laminator/Photocopier/Projector & Screen |  | £ |
| Other (please detail) .............................................. |  | £ |
|  |  |  |
| **Environmental Equipment:** |  |  |
| Garden Equipment |  | £ |
| Lawnmower/Strimmer/Hedge Cutter |  | £ |
| Tools |  | £ |
| Garden Structures (Shed / Polytunnel / Raised Beds) |  | £ |
| Other (please detail) .............................................. |  | £ |
| **TOTAL GRANT APPLIED FOR**  |  | **£** |

21 Have you applied to any other funder for the same activity/product? If so please give details below.

**DECLARATION**

We confirm that the information in this application is correct and, if successful, we will comply with all requirements of the DfC Small Capital Grants Programme.

**CHECKLIST** The following documents must be attached to your application

|  |  |  |  |
| --- | --- | --- | --- |
| Constitution |  | Accounts/income expenditure |  |
| Last Bank Statement |  | Volunteer Policy |  |
| Partnership Agreements |  |  |  |

**SIGNATURES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signed** | **Name** | **Signed** |
| **Position** | **Date** | **Position** | **Date** |

**Return to: smallgrants@lcdi.co.uk**

**OR**

**LCDI Grants Team**

**24d Benevenagh Drive**

**Limavady**

**BT49 0AQ**