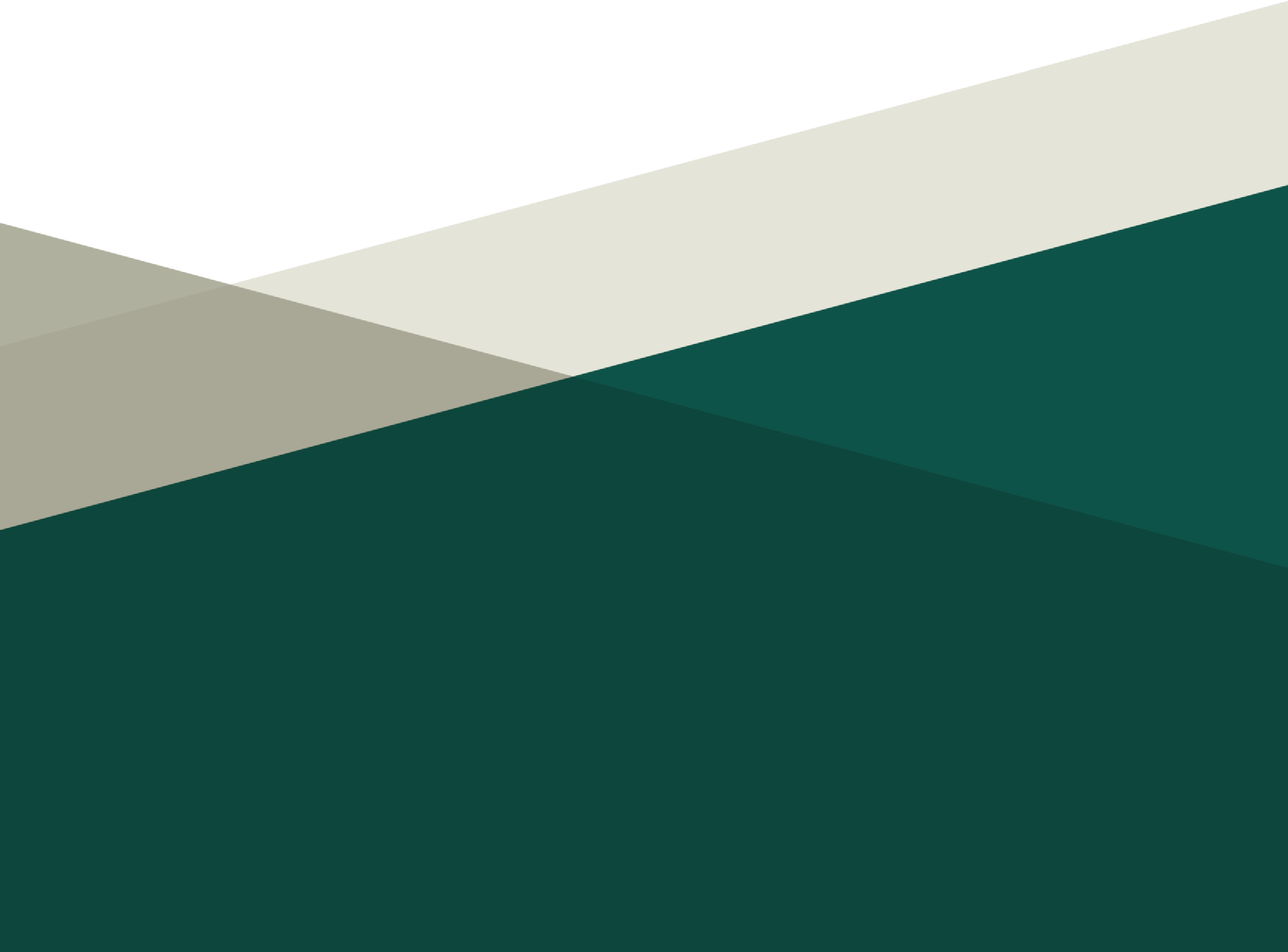


**Disability Participation and Awareness Fund 2021**

Application Form



|  |  |
| --- | --- |
| Applicant Local Authority |  |
| Name of Project |  |
| Amount of Grant Sought |  |
| **Official use Only** | |
| Date application received: |  |
| Unique Project Reference ID |  |

# Section 1: Capacity of Applicant

# Details of Applicant Organisation

## 1.1.1 Enter the legal name and main contact details of the Local Authority applying for funding.

|  |  |
| --- | --- |
| 1. Local Authority Legal Name |  |
| 1. Address |  |
| 1. Telephone Number |  |
| 1. Email Address |  |

## 1.1.2 Enter the contact details of the main person who will be responsible for answering any queries concerning this application.

|  |  |
| --- | --- |
| Name |  |
| Title/Position in the Organisation |  |
| Address  (if different to that provided in 1.1.1 above) |  |
| Telephone Number (landline) |  |
| Telephone Number (mobile) |  |
| Email Address |  |

## 

## 1.1.3 Enter the details of your organisation’s Tax Clearance Certificate (TCC)

|  |  |
| --- | --- |
| Tax clearance in place | Yes  No  Application underway |
| Tax Reference ID |  |
| Tax Clearance Access Number |  |

## 1.1.4 Provide a short summary of your proposed project

|  |
| --- |
|  |

## 1.1.5 Describe the operational management and control systems that will be established for this project.

|  |
| --- |
|  |

# 1.2: Project Partners

## Note: It is not a requirement to work with a partner in the delivery of a project. If however, you are intending to work with one or more partner organisations you should set out below how this arrangement will operate.

## 1.2.1 Do you intend to work with any Project Partners in the implementation and delivery of this project?

Yes If **yes**, complete all questions in this section.

No If **no**, move directly to Section 2.

## 1.2.2 Have you worked with any of the Project Partners proposed for this project before?

Yes

No

## 1.2.3 Please enter the name(s) of your proposed partner organisation(s) and give a brief description of how the collaboration between your organisation and the proposed partner organisation(s) will operate. (i.e. Governance, finance, operational deliverables, reporting).

|  |
| --- |
|  |

## *Note: You must also complete Annex 1 & Annex 2 for each of the partner organisations (if any).*

# 1.3: Organisational Details

## 1.3.1 Number of staff currently employed in organisation who work on disability projects (whole time equivalents)

|  |
| --- |
|  |

## 1.3.2 Outline the main activities carried out by staff currently employed in organisation who work on disability projects

|  |
| --- |
|  |

## 1.3.3 Give a brief overview of the main activities/services provided, for people with disabilities, by your organisation

|  |
| --- |
|  |

## 1.3.4 Outline any projects or activities you have completed for people with disabilities

|  |
| --- |
|  |

# Section 2 Strategic Fit

## 2.1 Provide details of how the proposed activities will support the aim of the Fund to implement opportunities for people with disabilities to partake in activities at local level, to help remove barriers to community involvement and to support the promotion and implementation of the United Nations Convention on the Rights of People with Disabilities (UNCRPD)[[1]](#footnote-1) in communities.

|  |
| --- |
|  |

2.2 Please indicate whether your project will provide any of the following.

Promotes the UNCRPD within local authorities and/or at local level in communities.

Provides disability awareness capacity building and training in Local Authorities and/or at local level in communities

Improves participation and engagement in community life for people with disabilities (e.g. accessibility of sports and recreation, the arts, community life and community services etc.)

Creates accessible public and community spaces and/or to improve the accessibility of public and community spaces.

## Please provide details.

|  |
| --- |
|  |

## 2.3 Provide details of whether the project has identified a gap in community services for people with disabilities and whether there is a priority need to address this gap.

|  |
| --- |
|  |

## 2.4 What is the geographical scope of your project?

|  |
| --- |
|  |

## 2.5 Outline how this project will improve participation and awareness, in relation to people with disabilities, in your local area.

|  |
| --- |
|  |

# Section 3 Strength of Proposal

# 3.1 Project Details

## 3.1.1 What is the name of your project?

|  |
| --- |
|  |

## 3.1.2 What is your project timeframe? Enter your project start date and end date and total in months.

|  |  |
| --- | --- |
| Start date (dd/mm/yyyy) | End date (dd/mm/yyyy) |
|  |  |

## 3.1.3 Provide a summary of your project.

|  |
| --- |
|  |

## 3.1.4 Explain how your project will contribute to the achievement of the objectives set out in the Funding Call and DPAF 2021 Guidance Note.

|  |
| --- |
|  |

## 3.1.5 Outline any previous experience in delivering a similar project.

|  |
| --- |
|  |

# 3.2 Project Plan

## 3.2.1 Project Actions and Outputs

Please complete the table below for each project outcome you have identified (Add more Project Outcome sections if required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Outcome : | |  | | |
| No. | Actions | Timeframe | Outcomes | Cost |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

Please explain why you think these particular actions will create the project outcome.

|  |
| --- |
|  |

## 3.2.2 Outline how you intend to effectively manage the project so as to deliver on the agreed outputs and outcomes. This must state clearly your management processes to monitor and report on the deliverables.

|  |
| --- |
|  |

# Section 4 Financial

# 4.1 Project Financials

## 4.1.1 What is the total cost of your project?

|  |  |
| --- | --- |
| Total cost of your project |  |

## 4.1.2 Summary of project costs

## 

|  |  |
| --- | --- |
| Category (E.g. salary, equipment, facilities) | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total |  |

## 4.1.3 What are the direct staff costs associated with your project? You should provide details of all direct staff costs associated with the project. Justification must be provided for the salary costs being proposed by reference to relevant salary levels in the labour market.

|  |  |
| --- | --- |
| Total number of project staff |  |
| Total direct staff costs |  |

For each proposed member of project staff, please provide the following:

|  |  |
| --- | --- |
| Proposed title of Position 1 (by reference to project) |  |
| Proposed salary |  |
| Salary scale |  |
| Full-time or Part-time staff member (E.g. Full time = 1.0, 3 day week = 0.6) |  |
| If part-time, provide salary costs of the project work only (timesheets must be kept) |  |
| Justification for salary level proposed |  |
| For any temporary staff who may carry out some work on the project, (e.g. trainers), provide hourly rates and projected total costs. |  |

## 4.1.4 Provide a short summary of how the project will achieve value for money.

|  |
| --- |
|  |

## 4.1.5 Provide a short summary of how the project will ensure that costs will be within market norms.

|  |
| --- |
|  |
|  |

## 4.1.6 Is your organisation currently in receipt of funding for this initiative from other public bodies?

|  |
| --- |
|  |
|  |

## 4.1.7 If yes, please provide comprehensive details of the funding, the outputs and outcomes, and how this delivered value for money

|  |
| --- |
|  |

## 4.1.8 Please give details of the extent, if any, to which your proposal would leverage other resources e.g. European or philanthropic funding of voluntary input.

|  |
| --- |
|  |

# Section 5: Applicant Declaration

I declare that I have the authority to represent [Name of Organisation] in making this application for the 2021 Disability Participation and Awareness Fund call to the Department of Children, Equality, Disability, Integration and Youth.

On behalf of the applicant organisation named at 1.1 above, I the undersigned, apply for funding to the value stated above for the project described in this application and declare that all the information given in this application is true and complete to the best of my knowledge and belief. I acknowledge that any funds awarded must be used only for the purpose stated and I acknowledge the right of the Department of Children, Equality, Disability, Integration and Youth to seek the recovery of any funds that are not used for the purpose stated and in compliance with the grant agreement.

I also understand that information supplied in/or accompanying this application may be made available to Third Parties on request under the Freedom of Information Act 2014.

I confirm to the Department that I have informed all persons about whom I have provided personal information in this application of the details provided and the purposes for which this is to be used. I have the consent of the individuals to pass this information to the Department for these purposes.

I will inform the Department if, prior to funds being committed to the applicant organisation, I become aware of further information which may reasonably be considered as material to the Department in deciding whether to fund the application.

I accept, as a condition of the award of a grant, that it involves no commitment to any other grants under the 2021 Disability Participation and Awareness Fund Funding Call from the Department of Children, Equality, Disability, Integration and Youth.

The applicant organisation is agreeable to have the project monitored by the Department of Children, Equality, Disability, Integration and Youth and to allow access to its premises and records, as necessary, for that purpose.

Name (BLOCK CAPITALS)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/title in organisation

Date

# Section 6: Payment Details (This is to ensure successful applicants receive prompt payment – it is no guarantee an application will be successful)

|  |  |
| --- | --- |
| Name of Applicant |  |
| Address of Applicant |  |
| Name of Bank |  |
| Address of Bank |  |
| BIC |  |
| IBAN |  |
| Bank Account Name |  |
| Tax Clearance Certificate Number (TCC) /  Charitable Status Number (CHY)/ PPSN |  |
| VAT No. |  |
| Supplier phone number |  |
| Email Address for Remittance Advice |  |

**If you have previously provided accounts for funding different to the one above, please indicate below if you would like to use the account above for the Disability Participation and Awareness Fund 2021:**

I wish to use the above listed account for the Disability Participation and Awareness Fund 2021

**I verify on behalf of the applicant organisation that the above details are correct**

Name (BLOCK CAPITALS)

Signature

Position/title in organisation

Date

# Section 7: Disclosure under the Freedom of Information Act

This Section should be signed by a person within the applicant organisation who has the authority to submit this application for funding.

The Department of Children, Equality, Disability, Integration and Youth wishes to remind applicants that the information supplied in the application form and supporting documentation may be released, on request, to third parties, in accordance with the Department’s obligations under the Freedom of Information Act 2014.

You are asked to consider if any of the information supplied by you in applying for funding should not be disclosed because of sensitivity. If this is the case, you should, when providing the information, identify same and specify the reasons for its sensitivity below. This information may be considered by DCEDIY for release under FOI if found to be within scope.

|  |
| --- |
|  |

Name (BLOCK CAPITALS)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/title in organisation

Date

# Section 8: Disclaimer of Liability for the Application

This Section should be signed by a person within the applicant organisation who has the authority to submit this application for funding.

Please read carefully:

It will be a condition of any application for funding under the terms and conditions, that the applicant has read, understood and accepted the following:

The Department of Children, Equality, Disability, Integration and Youth shall not be liable to the applicant or any other party in respect of any loss, damage or costs of any nature arising directly or indirectly from:

a) The application or the subject matter of the application

b) The rejection for any reason of the application.

Name (BLOCK CAPITALS)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/title in organisation

Date

# Annex 1 - Information on Partner Organisations (Ref. Section 1.5 Above)

If your organisation proposes to work with one or more partner organisations in delivering this project, please provide the following information with respect to each proposed partner organisation.

|  |  |
| --- | --- |
| 1. Name of Organisation |  |
| 1. Date of establishment of organisation |  |
| 1. Organisation Category | Which of the following best describes your organisation?   |  |  | | --- | --- | |  | (i) Public Body | |  | (ii) Private Company | |  | (iii) Voluntary Organisation | |
| 1. Organisation Legal Form | Please tick one box only 🗹)   |  |  | | --- | --- | |  | Statutory Body | |  | Company | | *Please specify type:* | | | *Enter CRO Number:* | | |  | Other (please specify): | |
| 1. Are your accounts audited annually | |  |  | | --- | --- | | Yes | No | |

# Annex 2 - Declaration by Partner Organisation

Each partner in the project must fill in a copy of this declaration on letterhead paper of the organisation.

|  |  |
| --- | --- |
| Title of project: |  |
| Name of the Lead Applicant |  |
| Name of partner organisation (full legal name) |  |
| Contact Details of Partner Organisation:  Contact Person Name  Address  Telephone  Email |  |

I certify that the information in this proposal about my organisation is accurate and complete.

I declare I have read and accept the rules governing this call for proposals. I declare that I am aware and agree that in case of a successful application, the Department of Children, Equality, Disability, Integration and Youth shall, subject to payment arrangements, pay the grant in full to the lead applicant which is entitled to receive funds from the Department of Children, Equality, Disability, Integration and Youth and distribute the amounts corresponding to the partners participating in the action.

I declare that I am aware that, except in cases of *force majeure,* I shall make good any damage sustained by the Department of Children, Equality, Disability, Integration and Youth as a result of the execution or faulty execution of my obligations. In particular, I accept in advance on-the-spot checks and inspections by the Department of Children, Equality, Disability, Integration and Youth and the European Court of Auditors.

**I, the undersigned, certify on my honour that:**

**The partner organisation is not in one of the situations which would exclude it from taking part in a Community grant programme and accordingly declare that the organisation:**

* is not bankrupt or being wound up, is not having its affairs administered by the courts, has not entered into an arrangement with creditors or suspended business activities, and is not in any analogous situation arising from a similar procedure provided for in national legislation or regulations;
* has not been convicted of an offence concerning its professional conduct by a judgment which has the force of *res judicata*;
* is not guilty of grave professional misconduct proven by any means which the contracting authority can justify;
* has met its obligations relating to the payment of social security contributions or taxes under the legislation of the country in which it is established or with those of the country of the contracting authority or those of the country where the contract is to the performed;
* has not been the subject of a judgment which has the force of *res judicata* for fraud, corruption, involvement in a criminal organisation or any other illegal activity detrimental to the Community financial interests;
* is not currently subject to an administrative penalty;
* has not been declared to be in serious breach of contract for failure to comply with its contractual obligations subsequent to another procurement procedure or grant award procedure financed by the Community budget.

**Authorised signatory of the partner organisation:**

Name (BLOCK CAPITALS)

Position/title in organisation

Date

# Signature \_\_\_\_\_

1. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html> [↑](#footnote-ref-1)