



LISBURN  
CITY COUNCIL

For office use only	
Received on	
Ref Number	

## CULTURE AND IDENTITY SUPPORT GRANT APPLICATION FORM

Please return completed application to:

Assistant Director's Office  
Cultural & Community Services Unit  
Irish Linen Centre & Lisburn Museum  
Market Square  
Lisburn BT28 1AG

**CLOSING DATE FOR COMPLETED APPLICATIONS**  
**FRIDAY 24th FEBRUARY, 2012 AT 4.00pm.**

Please refer to the guidance notes in the outer margin while you complete this form. Please write clearly in black ink or type.

### SECTION 1 – ABOUT YOUR GROUP

Name of your group?

Date group was formed?

Month  Year

Please indicate the main activities of your group/organisation?

How many people are involved in running your group/organisation?

Committee Members  Volunteers   
Staff

### GUIDANCE NOTES

Please insert the name of your group as it appears on your governing document. (i.e constitution, memorandums etc)

Please insert the date the group adopted its governing document.

Briefly describe the activities of your group and any services provided. If you are a new group, describe the services or activities that you plan to provide.

Please count **EVERYONE** involved in running your group.

What is the total membership of your group

Please indicate the average hours per month spent running your group/organisation by?

Committee Members  Volunteers

Does your group/organisation link with any other groups, networks or forums?

Yes  No

If yes please indicate:

## SECTION 2 CONTACT DETAILS

### Main Contact

Title  First Name  Surname

Position held in group

Contact address, including full postal code

Tel Number

Fax Number

Mobile Number

Email address

Please list **ALL** other groups, networks and forums that your group link with including community forums, statutory forums etc:

Please provide the name and contact details of someone who will be in a position to speak about this application.

The postal address inserted here will be used as the **main postal address** for any communication from the community services section of Lisburn City Council.

**PLEASE INSERT A FULL POST CODE**

## SECTION 3 ABOUT YOUR GRANT

**Please describe your request for funding**

Please describe what you are seeking funding for:

**Examples:**

Programme Costs  
Project Costs

And explain how this request links back to the main aims and objectives of your group/organisation?

**Please explain why it is needed**

**Evidence of Need:**

Please outline how you know that there is a need for this project. This may be via;

Community Surveys,  
Public Meetings,  
Community Events  
Evaluation Forms.

Please state the dates of the above and be specific about the evidence of need

**Please describe the programme, which your organisation is seeking to deliver through the lifetime of the grant?**

Please indicate the timetable of activities that your group/organisation plan to deliver over the duration of the grant scheme.

**The grant period is until 31 December 2012.**

Please indicate the timescale / projected programme i.e the month(s)

Please indicate the estimated number of people who would benefit

**How will your group/organisation measure the success in delivering the programme, and indicate how this will be recorded?**

Please indicate how you will ensure that the work of your group/organisation is on target and of benefit:

**Examples:**

**Registration forms** – used to collect user details and monitoring information.

**Evaluation forms** – to be completed at the end of each event/service.

**Suggestion/Complaints box** – Located within the community facility for users to make anonymous suggestions or complaints.

**What issues might prevent or hinder delivery of your group/organisations activities and what steps will you take to overcome these?**

Please consider all issues which may curtail or prevent the delivery of your programme:

**Examples**

Lack of Funding  
Lack of Voluntary Support  
No Contingency Planning

**Please indicate which ward(s) your group/organisation currently operates within?**

- |              |                          |                 |                          |             |                          |
|--------------|--------------------------|-----------------|--------------------------|-------------|--------------------------|
| Twinbrook    | <input type="checkbox"/> | Colin Glen      | <input type="checkbox"/> | Kilwee      | <input type="checkbox"/> |
| Old Warren   | <input type="checkbox"/> | Knockmore       | <input type="checkbox"/> | Hillhall    | <input type="checkbox"/> |
| Tonagh       | <input type="checkbox"/> | Hilden          | <input type="checkbox"/> | Derriaghy   | <input type="checkbox"/> |
| Lagan Valley | <input type="checkbox"/> | Ballymacross    | <input type="checkbox"/> | Lambeg      | <input type="checkbox"/> |
| Seymour Hill | <input type="checkbox"/> | Dunmurry        | <input type="checkbox"/> | Glenavy     | <input type="checkbox"/> |
| Magheragall  | <input type="checkbox"/> | Maze            | <input type="checkbox"/> | Moira       | <input type="checkbox"/> |
| Dromara      | <input type="checkbox"/> | Harmony Hill    | <input type="checkbox"/> | Blaris      | <input type="checkbox"/> |
| Magheralave  | <input type="checkbox"/> | Ballymacbrennan | <input type="checkbox"/> | Lisnagarvey | <input type="checkbox"/> |
| Hillsborough | <input type="checkbox"/> | Drumbo          | <input type="checkbox"/> | Ballymacash | <input type="checkbox"/> |
| Wallace Park | <input type="checkbox"/> | City Wide       | <input type="checkbox"/> |             |                          |

Please tick **ONLY** the ward(s) that your group organisation operates within.

**Project anticipated start date:**

**Project anticipated end date:**

**How many people will benefit from the grant:**

Please give a realistic figure for the number of people who will directly benefit from the award.

**Do not put 'everyone in the area'**

Please indicate how much money you need under each of the following headings for you to carry out your project?

Then please indicate how much you request of Lisburn City Council

EXPENDITURE	Total Cost	Requested Amount
<b>PROGRAMMING COSTS</b>		
<b>Total</b>		

**INCOME**

Please indicate any monies that your group or organisation will raise itself?

Item/Activity	Anticipated Income	Target Date
<b>TOTAL</b>		

Please ensure that the amounts inserted under each heading are accurate and represent 'Value for Money'.

**Please ensure they are explained in sufficient detail to be understood**

**Please note the purpose of the grant scheme is not to provide funding for free or heavily subsidised entertainment or social events unrelated to the objectives of the Grant Scheme.**

**Significant food and refreshment costs must be demonstrated as relevant to the objectives of the Grant Scheme and would be expected to have income raised against them through ticket sales and/or admission charges.**

Indicate a realistic amount of money your group/organisation anticipates on generating through:

**For example:**

- Local Fund-raising**
- Raffles
  - Seasonal Events

- Participation Fees**
- Course Fees
  - Entrance Fees
  - Admissions
  - Ticket Sales

**Please indicate any other funding applications you have submitted or plan to submit towards programme costs of your group/organisation?**

Name of Funder & Date of application	Purpose of application	Amount	Approved Yes/No

**Please tick which of the scheme objective(s) your project fits into?**

1. To support projects and programme opportunities devised by groups in the field of culture and identity that educates and increases knowledge, enjoyment, respect and understanding of traditions thereby improving the quality of life for the people involved and for the City of Lisburn.
2. To develop opportunities for groups to explore culture and identity thus increasing their capacity to develop relationships of trust and respect for all traditions and values
3. To enable groups to challenge stereotypes of their own and other communities in order to acknowledge and address difference.
4. To increase the ability and confidence of groups and organisations to identify and address issues of culture and identity.
5. To contribute to the development of a meaningful partnership with the community sector across the Lisburn City Council area.
6. To encourage the development of cultural identity activity led action at both the neighbourhood and city-wide levels.
7. To encourage the residents of Lisburn to take responsibility for being active citizens through voluntary action.
8. Through the scheme, to contribute to the Council's Good Relations Policy.

Please list all funders who your organisation has or intends to approach for funding.

**Example:**

Lottery Funding  
Trust Funding  
Private Funding

Indicating the amount applied for and the current status of the application.

Please tick **ONLY** the objective(s) that best fits in with your project or organisation.

**A copy of the Council's Good Relations Policy is enclosed with the application pack**

**And overleaf please describe how your project relates to the objectives indicated**

**PLEASE STATE BELOW HOW YOUR PROJECT/PROGRAMME  
RELATES TO THE COUNCIL'S GRANTS SCHEME OBJECTIVES**

[Empty box for project/programme description]

Please indicate by number the Council scheme objective you are referring to (see previous page)

Carefully explain how your project/programme will deliver on the Grant Scheme objectives

**Please note**  
**The extent to which the application contributes to the objectives of the Grant Scheme will score 60% of the marks**

## SECTION 4 ABOUT THE PEOPLE WHO WILL BENEFIT

**What ages are the people who will benefit from this grant?**

All ages       0-5       6-10   
 11-16       17-25       26-59   
 60+

**How would you best describe the people that will benefit from this grant?**

People living in urban areas   
 People living in rural areas   
 People on low incomes   
 People with dependants   
 Unemployed people   
 Older people   
 Young People   
 Disabled People

Other Groups (please specify)

## SECTION 5 FINANCIAL DETAILS

**Please indicate the groups bank details?**

Account Name								
Bank/Building Society Name								
Bank/Building Society Address								
Sort Code								
Account Number								
Roll Number (for building society accounts)								

**How many people have to sign each cheque or withdrawal from this account?**

Please tick only the ages of the people that **DIRECTLY** benefit from your project/organisation.

Tick **ONLY** the box(es) that **BEST DESCRIBE** the people that benefit.

Lisburn City Council will only make awards to groups who have a bank or building society account.

The bank account details supplied must be in the name of the applicant organisation.

**The supplied account will be used to pay any successful grant directly into using the BACS system.**

**Please list all cheque/withdrawal signatories?**

Name	Position in group

**We will only** pay into accounts that require a minimum of two unrelated people to sign each cheque or withdrawal from the account.

**Please give details of your most recent annual accounts?**

Accounts for year ending:	D	M	Y
Total income for the period	£		
Total expenditure for the period	£		
Difference between income & expenditure	£		

**Please DO NOT WRITE 'see enclosed accounts'**

The financial year stated must coincide with the financial year highlighted within your governing document.

## **SECTION 6 DECLARATION**

**MAIN CONTACT** (as named in section 2 of this form)

**I declare that all the information provided in this application is true and accurate and that I have been given the authority to sign this form on behalf of the applicant group.**

Name (Block Capitals)

Signature

Date

This must be the same person who is name in the form at section 2.

**PLEASE PRINT NAME**

**SECOND SIGNATURE** (a member of applicant group)

**I declare that I am a member of the applicant group and that the information contained in this application is to the best of my knowledge accurate and up to date.**

Name (Block Capitals)

Position in Group

Signature

Date

This must be another member of the applicant group.

**PLEASE PRINT NAME**

## SECTION 7 CHECKLIST

**Please ensure that you have completed the following before submitting this application form:**

Answered all the questions within this application form.

Signed the declaration at section 6 as the main contact.

Have had the second signature signed at section 6.

**And enclosed the following:**

A signed copy of your Constitution or Articles of association (including the date of adoption) of the organisation

A list of committee members for the current year, with a copy of the AGM minutes at which they were elected

A copy of the group/organisation most recent set of audited or independently examined accounts

Evidence of appropriate insurance cover (new groups may submit an up to date quote)

A copy of a Child Protection and Vulnerable Adults Policy with an indication of how adopted and applied by the group

**NB: All groups applying for Culture and Identity Support Grant from Lisburn City Council are expected to show evidence of having an adopted Protection of Children and Vulnerable Adults Policy.**

Please review the checklist and only submit the form when you have ticked **ALL** the boxes.

**FOR FURTHER  
INFORMATION  
PLEASE CONTACT**

**Assistant Director's  
Office  
Cultural & Community  
Services Unit  
Irish Linen Centre &  
Lisburn Museum  
LISBURN  
BT28 1AG  
T. 028 92 663377  
F. 028 92 634538**

**[www.lisburncity.gov.uk](http://www.lisburncity.gov.uk)**