SICAP Application Form

**Local Community Group**

**Social Inclusion Funding**

**This form should be submitted by local community groups applying for funding from the Social Inclusion and Community Activation Programme (SICAP)**

**Administered through Roscommon LEADER Partnership.**

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| **Group Details** | | | |
| **Name of Group** |  | | |
| **Address of Group (for correspondence)** | | | |
| **Telephone Number** | |  | |
| **E-mail address** | |  | |
| **Name & Address of Chairperson** | | | |
| **Tax Clearance Access Code if available:** | | |  |
| **Tax number if available:** | | |  |

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| **Identify Specific Target Groups (***Please tick not more than three)*   |  |  |  |  | | --- | --- | --- | --- | | Disadvantaged children and families |  | People living in disadvantaged communities |  | | Disadvantaged young People(15-24) |  | People with disabilities |  | | Disadvantaged women |  | Roma |  | | Lone Parents |  | Travellers |  | | Low income workers/households |  | Those disengaged from the labour market(Carers, older person |  | | New communities including refugees/asylum seekers |  | The unemployed |  | |
| **Background, aims and activities of Local Community Group?** |
| **How does your group or project meet social inclusion objectives?** |
| **Group Description** |
| |  |  |  | | --- | --- | --- | |  | **Yes** | **No** | | Is this application to support a new group? |  |  | | If this application for a new project? |  |  | | How many Members does your group have? | | | |

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| **Project Description** |
| Please describe the project for which you are seeking a grant? |
| What are the expected outcomes for this project and how will it benefit target groups (as outlined in the criteria) or disadvantaged areas? |
| Would the project go ahead if you were not successful with this funding application? |
| Timeframe of Project |
| Please state which grant category that you are applying for? Select one option   |  |  |  |  | | --- | --- | --- | --- | | Capacity building |  | Strategic planning |  | | Small scale capital |  | Social, cultural and civic actions |  | | Corporate governance |  |  |  | |

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| **Funding Requirements** | | |
| Are you applying for funding or have you received funding for this project from any other source? If so give details: | | |
| Total Amount of Funding Sought from Roscommon LEADER Partnership SICAP for this project | | **€** |
| **Budget breakdown** | | |
|  |  | |
|  |  | |
|  |  | |
|  |  | |
| Total | **€** | |

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| **DATA PROTECTION DECLARATION**  The applicant must declare acceptance of Data Protection provisions in relation to an application for funding under Social Inclusion Funding.  All data supplied will be processed in accordance with the Data Protection Acts 1988 and 2003.  The project applicant gives permission that the information contained in this application form, the accompanying documentation and all subsequent documentation submitted regarding this grant application, may be made available to the Roscommon LEADER Partnership and those organisations listed below:   * Roscommon Local & Community Development Committee (LCDC) * Roscommon County Council * The Department of Rural and Community Development * Pobal * EU |
| **DECLARATION OF ACCEPTANCE AND APPLICATION SIGNATURE(S)**  I/We\*, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I/we have read, understood and declare acceptance of the content of the declarations outlined above in relation to –   * DATA PROTECTION   and that the signature(s) below confirm my/our application for grant aid under Social Inclusion Funding  **Signed:**  **(applicant or company Chairperson)**  **Name** (Block Capitals)**:**  **Position/capacity:**  **Date:** **/** **/**  *Part or all of the information provided will be held on computer. This information will be used for the administration of applications and producing monitoring returns. LAGs may share information with each other and government departments/agencies to enable them to prevent fraudulent applications or for detecting crime and to co-ordinate processing of complementary applications.* |

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| **The Closing Date for 2022 Applications is 9th February 2022**  Pleasenote that all grants are subject to funding.  If you require any assistance in completing your application form, please contact:  Bridie Duffy at 086 076 2937 or [bridie@ridc.ie](mailto:bridie@ridc.ie) or  Linda Sice at 090-6630252 / 087 638 8589  Completed applications must be returned **by email only** to bridie@ridc.ie |

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