SICAP Application Form

**Social Enterprise**

**Social Inclusion Funding**

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

**Administered through Roscommon LEADER Partnership.**

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| **Social Enterprise Details** | | | |
| **Name of Social Enterprise** |  | | |
| **Address of Social Enterprise (for correspondence)** | | | |
| **Telephone Number** | |  | |
| **E-mail address** | |  | |
| **Name & Address of Chairperson** | | | |
| **Tax Clearance Access Code if available:** | | |  |
| **Tax number if available:** | | |  |
| **Does your social enterprise receive funding from any other funders:** | | |  |

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| **Identify Specific Target of Social Enterprises (***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 Social Enterprise?** |
| **How does your Social Enterprise meet social inclusion objectives?** |
| **Social Enterprise Description** |
| |  |  |  | | --- | --- | --- | |  | **Yes** | **No** | | Is this application to support a new Social Enterprise? |  |  | | If this application for a new project? |  |  | | How many paid employees are involved in the delivery of your Social Enterprise?  How many Members does your Social Enterprise service?  Will this project affect other jobs. i.e. displacement: | | | |

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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 Social Enterprises (as outlined in the criteria) or disadvantaged areas? |
| Timeframe of Project |
| Please state which grant category that you are applying for? Select one option   |  |  |  |  | | --- | --- | --- | --- | | Accountancy and related services, including legal advice |  | Office supplies and stationery |  | | Advertising and marketing aids |  | Personal protective clothing and equipment |  | | Business equipment |  | Public Liability Insurance costs associated with setting up a business - no other insurance is eligible |  | | Business mentoring |  | Short-term training on book-keeping, regulation, rollout of business plan, start-your-own-business and courses of training related to the start-up |  | | Business registration costs and fees |  | Signage |  | | Compliance, guidance and training |  | Upgrading to premises where the premises is owned by the applicant |  | | Job-specific tools and equipment |  | Website registration, related services and production |  |   **Pleaes note the following ineligible items:***Grants cannot be made available for the*  *following items:*  Building/premises rental costs;  Cost of travel;  Insurance (except public liability);  Personal clothing and uniforms (except protective clothing);  Professional development programmes arranged by  professional and regulatory bodies;  Purchase of any type of vehicle;  Stock-in-trade;  Utility costs, connection or supply and local authority rates;  Core costs should normally not be funded |

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| **Funding Requirements** | | | |
| Are you applying for funding or have you received funding for this project from any other source? | | | **€** |
| Total Amount of Funding Sought from Roscommon LEADER Partnership SICAP for this project | | **€** | |
| **Budget breakdown** | | | |
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|  |  | | |
| 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 February 9th 2022**  If you require any assistance in completing your application form, please contact:  Linda Sice at 090-6630252 / 087 638 8589 or Bridie Duffy at 086 076 2937  Completed application forms must bereturned **by email only to bridie@ridc.ie** |

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