

# Capital Grant Aid Application Form

(for funding applications over £1,000 only)

Completed Application Form, should be returned to:

Development Department  
Omagh District Council  
The Grange  
Mountjoy Road  
Omagh  
Co. Tyrone BT79 7BL

Your application should be clearly marked: -  
**"Capital Grant Aid Application Form"**



Applicants should be aware that the information provided in this grant aid application form could be disclosed in response to a request under the Freedom of Information Act 2000. Should you consider that any of the information supplied is confidential in nature this should be highlighted and the reasons for its sensitivity specified. In such cases the relevant material will, in response to Freedom of Information requests, be examined in light of the exemptions provided for in the Freedom of Information Act.

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(for office use only)

Ref number

Date and Time  
Application Received



**Question 2**

(a) What type of organisation are you? (Please tick appropriate box)

Unincorporated club or association

Company limited by guarantee

Company limited by shares

Recognised charity/trust

Other, Please specify

(b) Please provide your group Charity Number and VAT Registration Number if applicable.

Recognised charity number (if applicable)

VAT Registration number (if applicable)

(c) How many years have you been in operation

**Question 3**

(a) How many people are involved in running your group?

Committee members  Volunteers /Coaches(*unpaid*)

Paid staff: Full time  Paid staff: Part time

(b) Please estimate the total number of voluntary hours each that contribute to the running of your group

**Question 4**

(a) What are the main activities of your group and/or what services does your group provide?

Guidance Notes

Please include the volunteer time of committee members when calculating total number of voluntary hours.

Briefly describe the activities of your group and any services you provide.

plan to provide.

# Financial Details

## Question 5

(a) Please give us your group's Bank Account details.  
Please double check that they are accurate.

Account name							
Bank or building society name							
Bank or building society address							
Sort code							
Account number							
Roll number (for Building Society accounts)							

(b) How many people have to sign each cheque for a withdrawal from this Account?

## Question 6

Please give details of your most recent annual accounts. Please read the guidance notes in the manual.

Accounts for year ending	Date:
Total (gross) income	£
Total expenditure	£
Profit or Loss for Year	£
Savings (reserves, cash or investments)	£

## Question 7

Have you applied for or are you currently in receipt of funding for THIS project from any other funders? (Please tick appropriate box)

Yes

No

If yes please complete the following table.

Name of Funder	Amount £	Applied for	Awarded

### Guidance Notes

It is into this account that we will pay any grant aid awarded.

We will pay grant only into an account that requires at least two people to sign each cheque or withdraw from the Account.

Please tick the appropriate box to let us know if the funding has been 'Applied For' or 'Awarded'

**Question 8**

(a) Tell us how much money you need for your project and give us a breakdown of what the money is for (include VAT where it applies).

Item or activity	Total Cost	Requested amount
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
<b>Totals</b>	<b>£</b>	<b>£</b>

(b) Tell us if your organization has received any other sources of income.

Source	Date Received	Income
		£
		£
		£
		£
		£
<b>Totals</b>		<b>£</b>

(c) If the total cost is more than you have requested, please tell us where the rest of the funding will come from.

Will there be a charge to participants?      Yes                       No

If yes, please give an estimate of income generated: £ \_\_\_\_\_

**Guidance Notes**

Please make sure that the amount you ask for is based on real and accurate costs and represents value for money. If possible enclose a detailed breakdown including quotes and/or estimates.

Please refer to the Capital Grants Section in the Funding Policy for eligible/ineligible items of expenditure

Examples of income should include Omagh District Council Grant (requested amount), other grants, community fundraising, etc.

We expect most applicants to contribute something towards project costs, i.e. money, 'in kind' or both. Please see guidance manual.

# Tell us about your project

## Question 9

(a) Briefly describe your project

(b) How will you do it?

(c) What will you need to do it?

(d) How long will your project last?

### Guidance Notes

Tell us what you want the grant for;

- What do you intend to do?
- What are the aims of your project?
- Who else will be involved?
- What do you hope to achieve?

What actions will you undertake to deliver your project?

What resources will you need to be able to deliver your project?

Please indicate the expected start and completion date of your project. Please note that projects must be completed within 24 months of the date of issue of the Letter of Offer

(f) Postal address of where your event or project will be held

Post Code: \_\_\_\_\_

(g) How do you know there is a **need** for this project?

(h) Has your organization taken steps to promote your project with the community?

(i) If your project is set up to work with a specific group of people tell us why?

**Question 10**

(a) Describe how your project will meet the specific objectives of the funding policy:

- Target resources in line with new TSN guidelines

**Guidance Notes**

This may take the form of a petition of support from residents in the immediate area or a local community audit/survey. Please feel free to attach any relevant documents.

Please tell us how you encourage community involvement in your project.

Your project may target a certain group of people and may not be open to the entire community. Please explain why your project is specifically targeting these people.

TSN is about ensuring resources reach communities that are most in need. Please explain how your project will do this.

- Maximise leverage

- Target resources to maximise sustainability (financial, environmental and social)

(b) Are there any special circumstances you would like to let us know about in relation to your project?

**Question 11**

How will you measure the success of the project activity and the achievement of its aims and objectives?

**Guidance Notes**

Please tell us if funding for your project will help you receive funding from other sources.

In what way will your project become more sustainable as a result of receiving funding.

How will you know your project is achieving what you set out to achieve?

### Question 12

**YOUR SIGNATURE.** This must be the signature of the main contact named in **Question 1** and **different** to that in **Question 13** below.

**I confirm that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that you may ask for more information at any stage of the application process.**

Signed  Date

### Question 13

Your Chairperson, Vice Chair, Secretary or Treasurer must complete this question.

Title  First name  Surname

Position in your group  Signature

Contact address, including **full** postcode

Postcode

### Checklist - TO BE COMPLETED BY ALL APPLICANTS

- I have answered all the questions on the form.
- I am the main contact named in Question 1
- The Chairperson, Vice Chair, Secretary or Treasurer of our group, who is different from the main contact, has completed the box with the date my group adopted the constitution.

#### I have enclosed all the essential documents

- A copy of our constitution and/or Memorandum and Articles of Association, (dated and signed as 'adopted').
- A copy of our most recent annual accounts, dated and signed as approved by a senior member of the management committee
- An original Bank or Building Society statement not more than three months old **or** a copy of the pages in your passbook that show your group's name, Account number and current balance that has been stamped and signed by your Bank or Building Society.
- Copy of Child Protection Policy (if appropriate)
- Copy of Public Liability Certificate (if appropriate)
- Copy of evidence of need if applying for costs towards a Capital grant
- Copy of any quotations received

### Guidance Notes

Please use the checklists to ensure that you have included all relevant enclosures so that we can fully assess your application. **Incomplete applications will be deemed ineligible**

**Please remember to keep a copy of this application for your own use.** If you have ticked all the relevant boxes above, your application should now be complete. Please return the completed form to the address detailed on the front cover. **Thank you.**

## Monitoring Details

The information in this section is for monitoring purposes only. Information provided in this section will not be used to assess project applications.

Please estimate the percentage of persons who will benefit from your project under the following section 75 categories

### Persons of different religious belief

Budhist	<input type="text"/>	Protestant	<input type="text"/>
Catholic	<input type="text"/>	Other	<input type="text"/>
Hindu	<input type="text"/>	Jewish	<input type="text"/>
Islam/Muslim	<input type="text"/>	Sikh	<input type="text"/>
Persons of no religious belief	<input type="text"/>		

### Persons of different political opinion

Unionist	<input type="text"/>	Nationalist	<input type="text"/>
Other	<input type="text"/>		

### Persons of different racial groups

Black African	<input type="text"/>	Black Caribbean	<input type="text"/>
Mixed Ethnic Group	<input type="text"/>	Other Ethnic Group	<input type="text"/>
Chinese	<input type="text"/>	White	<input type="text"/>
Irish Traveller	<input type="text"/>	Indian	<input type="text"/>
Pakistani	<input type="text"/>	Bangladeshi	<input type="text"/>
Irish Nationality	<input type="text"/>	British Nationality	<input type="text"/>

### Persons of different age

Under 18	<input type="text"/>	Between 18-25	<input type="text"/>
Between 26-59	<input type="text"/>	60 and over	<input type="text"/>

### Persons of different marital status

Married	<input type="text"/>	Unmarried	<input type="text"/>
Divorced/Separated	<input type="text"/>	Widowed	<input type="text"/>

### Persons of different sexual orientation

Gay	<input type="text"/>	Lesbian	<input type="text"/>
Bisexual	<input type="text"/>	Heterosexual	<input type="text"/>

### Men or Women

Men (including boys)	<input type="text"/>	Women(including girls)	<input type="text"/>
Transgendered People	<input type="text"/>		

### Persons with a disability or persons without

Persons with a disability	<input type="text"/>	Persons without a disability	<input type="text"/>
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### Persons with dependants or persons without

Care of a child	<input type="text"/>
Care of a dependent elderly person	<input type="text"/>
Care of a person with incapacitating disability	<input type="text"/>

### Guidance Notes

Although this section will not be used for assessment purposes failure to complete this section will invalidate your application.

The information you provide in this section will be treated in strictest confidence and is used for monitoring purposes only.

Without dependants

## Section 75 – Additional Funding

There is a 10% additional funding available to any Section 75 group to meet accessibility requirements.

If you feel your group requires this additional funding, please outline below the reason why.

### Guidance Notes

An additional 10% of funding will be available to any Section 75 group with specific requirements.

## Promoting Equality and Good Relations Statement

Omagh District Council, in carrying out its functions, has a statutory duty, (in accordance with Section 75 of the Northern Act 1998), to have regard to the need to promote Equality of Opportunity between persons of different;

1. Religious belief
2. Political opinion
3. Racial Group
4. Age
5. Marital status
6. Sexual orientation
7. Gender
8. Disability
9. Dependants

In addition, without prejudice to its obligations above, the Council, in carrying out its functions, shall have regard to the desirability if promoting Good Relations between persons of different religious belief, political opinion or racial group.

**We** (please insert the name of your organisation) \_\_\_\_\_

Recognise these obligations and undertake not to act in any way, which would contravene Omagh District Council's Statutory Duty. We confirm our commitment to the principals of affording equality of opportunity in all aspects of our organisation's activities, in particular with regard to access and participation in these events.

Authorised signature: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

Date: \_\_\_\_\_

These could relate to participants, organisations and the general public. If your project works with children/vulnerable adults, you must have a protection policy.