

Re-Imaging Communities

Application Form

Large Grants £15,001 to £50,000

THIS FORM SHOULD BE USED IF YOU ARE SEEKING SUPPORT FOR ONE SPECIFIC PROJECT SEEKING BETWEEN £15,001 AND £50,000. IF YOU ARE SEEKING FUNDING TOWARDS A NUMBER OF PROJECTS PLEASE USE THE MULTIPLE PROJECT FORM.

Applications are currently available and you can apply at any time, until further notice.

The Shared Communities Consortium meets every 8 weeks and we aim to inform you of the final decision within 8 weeks of receiving your completed application form. **Your project cannot start until after you have received a decision.**

Copies of the Guide, Application Forms and Guidance Notes are available to download at www.artscouncil-ni.org.

Please send completed application forms to:

The Re-Imaging Communities Team
Arts Council of Northern Ireland
MacNeice House
77 Malone Road
BELFAST BT9 6AQ



RENEWING COMMUNITIES REBUILDING CONFIDENCE REVIVING HOPE RESTORING PRIDE

RE-IMAGING COMMUNITIES PROGRAMME

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Applicants must complete ALL sections.

Applicants are advised to read the full Re-imaging Communities guidelines before completing any section of the application form. All questions must be answered, even if it is to state that the question is not applicable (N/A) to your particular project giving a short explanation.

The application form may be typewritten or handwritten. If handwritten, it should be completed in block capitals and black ink, using additional paper where required. The Arts Council reserves the right to reject applications which it cannot read. The form may also be completed by reproducing the questions, with answers, on your own word processing system.

You can apply on line via the Arts Council's website www.artscouncil-ni.org. However; you will still be required to forward an original signature page, the public body reference form and all supporting documents in the normal way, by post or in person, within 5 working days of submitting your application. If the documents are not received within 5 days your application will not be considered.

NOTE: Applications submitted by fax, disk or e-mail cannot be accepted as we require original signatures.

Part or all of the information you provide will be held on computer. This information will be used for the administration of applications and grants, for producing statistics and publicity information on successful grants. Copies of this information will be provided, when necessary, to individuals and organisations who may need to be consulted when assessing applications and monitoring grants.

This Application Form and the relevant Guidance Notes are available on request in large print format, disk and audio tape and also on the Arts Council's website: <http://www.artscouncil-ni.org>

NOTE: it is your responsibility to ensure that the Arts Council receives the application form and documents by the closing date within the required timescale. You should also note that proof of postage is **not** proof of delivery. The Arts Council accepts no responsibility for applications/documents which are delivered late by the Post Office or other carriers.

REMEMBER TO KEEP A COPY OF THE COMPLETED FORM AND ENCLOSURES FOR YOUR RECORDS

SECTION 1 – CONTACT DETAILS

Name of Group _____
(this should be the same as the name on your constitution)

Postal Address of Group _____

City/Town _____ Post Code _____

Tel: _____ Fax: _____

E-mail Address _____

Website Address _____

District Council area in which your organisation meets _____

Ward area _____

Name of Contact Person *(the person we will communicate with and who is able to answer questions on behalf of your organisation)*

Title _____ First Name _____ Surname _____

Contact Person's Address: _____

City/Town _____ Post Code _____

Daytime Tel: _____ Fax: _____

E-mail Address _____

What type of group are you? *(most community groups are unincorporated club or association).*

Unincorporated club or association	
Company limited by guarantee	
Company limited by shares	
Recognised charity	
Trust	
Other: Please specify	

In what year was your organisation started?

What are the main activities of your group/the main purpose of your organisation?
(no more than 50 words)

Recognised Charity Number (if applicable) _____

VAT Registration Number (if applicable) _____

How many permanent paid staff (if any) work for your organisation? _____

How many volunteers including committee or board members are involved in your organisation?

SECTION 2 - PROJECT DESCRIPTION

Title of Project _____

Please list the main aims of your project, what actions you will take to achieve them and what resources you will need, these sections should be completed in no less than 50 and more than 200 words. **In addition you must also attach a more detailed description of your project, please see FAQs number 15.**

What work/consultation have you undertaken up to now?

What do you want to achieve? (*aims*)

How will you do it? (*actions*)

What will you need to do it? (*resources*)

(*You must submit CVs for any artists/technical staff you intend to employ as part of the Process, if known*)

Describe the physical location of the project. (*Please submit images of the site, if possible*).

When will your project start? _____

How long will your project last? _____

How many artists do you estimate will be involved in your project? _____

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

How does your project meet the criteria listed in the guidance notes? Answer each criterion in no less than 50 and no more than 200 words.

Criterion 1: The objectives of Shared Future

Criterion 2: Community Support/Public Benefit

Criterion 3: Quality of Artistic Activity

Criterion 4: Organisational and Project Viability

SECTION 3 - MONEY

How much will your project cost and how much do you need from us? For any item or activity over £1,000 you must provide a breakdown along with your more detailed project description.

You must write in this table – do not write “see attached sheet”.

Item or Activity	Total cost	Requested amount
Artist Costs (inc travel)	£	£
Equipment / materials	£	£
Publicity / marketing	£	£
Commissioning process	£	£
Installation costs	£	£
Equipment hire	£	£
Technical assistance*	£	£
Venue Hire	£	£
Feasibility costs	£	£
Publicity / distribution costs	£	£
Volunteer expenses	£	£
Other	£	£
Totals	£	£

** Please refer to Question 6 in the FAQ section of our Guidelines*

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

In Cash

In Kind

Please give us your group’s bank account details. Please double check that they are correct as if you are successful, funds will be paid directly into this account. The account name MUST be the same as the name stated on your constitution.

Account Name							
Bank or Building Society Name							
Bank of 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? _____
(we will pay awards only into an account that requires at least two unrelated people to sign each cheque or withdrawal from the account)

Please list all cheque/withdrawal signatories.

Name	Position in Group

Please give details of your most recent annual accounts.

Accounts for year ending:	D	M	Y
Total (gross) income			
Total expenditure			
Profit or loss for year			
Savings (reserves, cash or investments)			

SECTION 4 - PUBLIC BODY REFERENCE FORM
(Does not apply to applications from District Councils)

Name of applicant organisation _____

Name of Public Body _____

Branch, if appropriate _____

Member of Staff Name _____

Job title _____

Work Address _____

_____ Post Code _____

Contact Tel No _____

E-Mail address _____

I confirm that I have read the Re-imagining Communities Guidance Notes
Yes/No

How long have you known the organisation? _____

In what capacity do you know the organisation?

Re-Imaging Communities Large Grants Application Form

I confirm that I have read the organisation's application form to the Re-imaging Communities Programme. Yes/No

I confirm that I support the funding request. Give reasons below.

Signed: _____

Date: _____

SECTION 5 - PUBLICITY, OPENNESS AND ACCOUNTABILITY

Publicity

Full listings of all the grants we award will be published. You will be required to acknowledge this funding in all your publicity, please see our acknowledgment guide. Failure to credit this award as stated in our acknowledgment guide will affect payment of your grant.

Images submitted in support of your application may be stored electronically by us. If we later seek to use these for publicity purposes, we will contact you in order to obtain permission to do so.

1. Openness and accountability

Under the Freedom of Information Act 2000 any information held by us (which will include your application) is potentially accessible by the public.

Information supplied by you will be held in manual files. It will then be summarised and details transferred to a computer-based grants management system. Reports from the information you supply and from comments made on your application by external assessors and staff members are likely to be held on both manual and computer-based systems. The information you supply will be made available to those assessing any other grant applications you make.

By submitting your application you waive any right to raise any type of proceedings against the Arts Council of Northern Ireland as a consequence of, or in contemplation of, any disclosure of the contents of your application in response to an information request made under the Freedom of Information Act 2000.

2. Data protection

Data held on our grants management system is used for of the following purposes; statistical reporting, application assessing, accounting purposes and for contacting you. The details of your grant will be public information (see Openness and Accountability). However, your personal details will be held within our grants management system and our paper files, and accessed only by our staff, appointed auditors and individuals or organisations who may help us assess or monitor grants. You have a right under the Data Protection Act 1998 to access the data held on you by Re-imagining Communities. We might also send you further information about other programmes.

We view your signature on your application form as acceptance of the use of your data as outlined above.

Please note that if you deliberately give any false or misleading information, we will withdraw your application or, if a grant has already been awarded, ask you to pay back any money we have given you. This will also have implications for any future applications you may submit.

**SECTION 6 - EQUALITY OF OPPORTUNITY and GOOD RELATIONS
COMMITMENT (voluntary/community groups only)**

It is a requirement of the funding conditions under the Re-Imaging Communities Programme that your organisation commits to equality of opportunity and good relations duty. Therefore, this Statement MUST be adopted by your organisation.

The Arts Council of Northern Ireland has a statutory duty under the Northern Ireland Act 1998, in carrying out its functions to have due regard to the need to promote equality of opportunity between:

- Persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- Men and women generally;
- Persons with a disability and persons without; and
- Persons with dependants and persons without.

In addition, without prejudice to its obligations above, the Arts Council shall, in carrying out its functions relating to Northern Ireland, have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

We (name of organisation)
recognise these obligations and undertake not to act in any way, which would contravene the Arts Council's statutory duty. We confirm our commitment to the principles of affording equality of opportunity in all aspects of our organisation's activities, in particular with regard to access and participation in these activities.

It is also our intention to ensure equal opportunity for all job applicants and employees and to eradicate direct or indirect discrimination.

It is also our intention to have regard to the desirability of promoting good relations between:

- Persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- Men and women generally;
- Persons with a disability and persons without; and
- Persons with dependants and persons without.

This Equality of Opportunity and Good Relations Commitment was formally adopted by us on

(insert date)

Authorised Signature Date

Position in Organisation

SECTION 7 – ENCLOSURES & CHECKLIST

I have completed the form

I have answered all the questions on the form	
I am the main contact named in question 1	

I have enclosed the following ESSENTIAL documents

A copy of our constitution or set of rules (dated and signed as “adopted”). Applies to voluntary / community groups only.	
A copy of our most recent annual accounts, dated and signed as approved by a senior member of our management committee, OR (for newly established groups only) an estimate of our income and expenditure for the first year, dated and signed as approved OR , for statutory bodies the annual income and expenditure account.	
three months’ worth of original, consecutive bank statements, the most recent of which is not more than 3 months old OR photocopies of the pages of the our building society passbook that show the account name and number, as well as the last three months’ transactions, each page stamped and signed by the building society as “true copies of the original’ OR the last three months’ transactions of our Internet Account signed and dated by your Treasurer, OR (for new groups which do not have three months’ worth of bank statements), all the statements we have, OR (for statutory bodies), one recent, original bank statement.	
Evidence of public body support (voluntary/community groups only)	
Detailed project description (including detailed budget for item / activity over £1000)	

If you have ticked the boxes above, your application should now be complete. If it is not, we will have to return your application to you and **this will affect the turnaround time of your application ... so double check** just to be sure. You may also have some of the documents below which you wish to send.

I have enclosed the following other documents (if available):

Please tick

CVs of artists/groups or technical persons to be involved in the project	
Quotations or notes used to work out the costs	
Photographs of site	
Other document: please specify	

Please remember to keep a copy of this application for your own use.

Send the application and the documents to:

**Re-Imaging Communities Team
Arts Council of Northern Ireland
MacNeice House
77 Malone Road
BELFAST BT9 6AQ**

If you need further information about completion of the form contact us by telephone on 028 9038 5266

SECTION 8 - APPLICANT'S STATEMENT

Please complete the section below to authorise your application.

The Chair of the organisation or a committee member must sign this declaration and the most senior employee or one other committee member must witness it. **In the case of District Councils the statement should be signed by the Chief Executive and a second senior employee.** Please note that any misleading statements (whether deliberate or accidental) given at any stage during the application process may render the application invalid. The Arts Council will take steps to recover all monies in respect of a grant where it discovers evidence that false statements have been supplied or where a project is not complete or no acceptable reason for non-compliance is forthcoming.

I confirm that I am authorised to sign this declaration on behalf of _____ (organisation) and that, to the best of my knowledge and belief, all the information supplied on this form, and any accompanying documents is true and accurate. I undertake to immediately and fully inform the Arts Council of Northern Ireland if any changes in circumstances require the application to be amended.

I confirm that the person named at Section 1 is authorised to act as the contact for the organisation in all matters relating to this application.

Name (Chair or Committee member): _____

Designation: _____

Signature: _____

Date: _____

Name (senior employee or second Committee member)

Designation: _____

Signature: _____

Date: _____