

# Application Form for a Grant or Loan

## Organisation's Contact Details

Organisation Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

## About your Organisation

When was your organisation formed? \_\_\_\_\_

Briefly list your organisation's aims and objectives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your organisation part of a national organisation?: Yes  No

Does your organisation have a parent body?: Yes  No

If you answered yes to either, please give details:

\_\_\_\_\_

What is your organisation's legal status?

	Please tick	Registration No
Housing association registered with DSD	<input type="checkbox"/>	_____
Non-registered housing association	<input type="checkbox"/>	_____
Registered Charity	<input type="checkbox"/>	_____
Company limited by guarantee	<input type="checkbox"/>	_____
Unconstituted Voluntary Group	<input type="checkbox"/>	_____

Is your organisation affiliated to a representative body (eg NIFHA / NICVA)? Yes  No

If you answered yes, please give details:

\_\_\_\_\_

In which area(s) of Northern Ireland do you work in? (tick all applicable)

All	<input type="checkbox"/>	Co Down	<input type="checkbox"/>	Co Tyrone	<input type="checkbox"/>
Co Antrim	<input type="checkbox"/>	Co Fermanagh	<input type="checkbox"/>	Belfast	<input type="checkbox"/>
Co Armagh	<input type="checkbox"/>	Co Londonderry	<input type="checkbox"/>	Derry/Londonderry City	<input type="checkbox"/>

Is your organisation user-led (ie: directed by the user group it serves)? Yes  No

If you answered yes, please give details:

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*Existing Organisations only*

If your organisation is already established and providing a service, please complete this section.

Please give details of the housing and other services you currently or plan to provide:

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How is your organisation staffed?

Nº of full-time staff \_\_\_\_\_ Nº of part-time staff \_\_\_\_\_

Nº of volunteers \_\_\_\_\_ Nº of committee or board members \_\_\_\_\_

How is your organisation funded?

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## Your Application for Support

Proposed project's title: \_\_\_\_\_

Proposed start date: \_\_\_\_\_ Duration: \_\_\_\_\_

Please describe your project / service / piece of work:

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Why is your project/ service / piece of work needed?

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What are your project / service / piece of work's objectives?

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Location and brief description of the area your project / service / piece of work will serve.

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How will you evaluate project / service / piece of work's success?

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Who will benefit from your project / service / piece of work?

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### Financing your project / service / piece of work

Total Cost: \_\_\_\_\_ Amount applied for: \_\_\_\_\_

Please attach a detailed breakdown of your project / service / piece of work's budget.

Is your organisation VAT registered? No  Yes  VAT number: \_\_\_\_\_

What funding has been secured or is pending for your project / service / piece of work?

	Secured	Pending
<i>Own Resources</i>		
<i>Trusts</i> (please specify)		
<i>Statutory Authorities</i> (please specify)		
<i>Other Sources</i> (please specify)		

Please enclose the most recent set of audited accounts (if audited accounts are not yet available a statement for the last financial year), a budget for the current year, a budget for the following year and a 3-5 year business plan.

If your organisation has reserves, please explain why these cannot be used for the work for which your application is being made:

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### Other Information

Please give any other relevant information in support of your application:

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## Equality

How do you ensure equality of opportunity is addressed in your organisation?

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Please enclose a copy of your Equal Opportunities Policy.

## User Participation

How do you encourage user participation your organisation's management?

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## How did you hear about NIHACT?

NIHACT information leaflet	<input type="checkbox"/>	Referral	<input type="checkbox"/>
Press / Publication	<input type="checkbox"/>	NIFHA Conference	<input type="checkbox"/>
Website	<input type="checkbox"/>	Previous application	<input type="checkbox"/>
Other (please detail)	_____		

Have you previously applied for NIHACT funds? Yes  No

If yes, please give details:

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## Declaration:

I declare the foregoing information is accurate

Signature: \_\_\_\_\_

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

Name (in block capitals): \_\_\_\_\_

Position: \_\_\_\_\_

## Please return your completed form to:

NIHACT: 6c Citylink Business Park, Albert Street, Belfast, BT12 4HB