

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:

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:

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?

Your Application for Support

Proposed project's title: _____

Proposed start date: _____ Duration: _____

Please describe your project / service / piece of work:

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

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

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

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

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

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:

Other Information

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

Equality

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

Please enclose a copy of your Equal Opportunities Policy.

User Participation

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

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:

Declaration:

I declare the foregoing information is accurate

Signature: _____

Date: _____

Name (in block capitals): _____

Position: _____