



DEPARTMENT OF JUSTICE AND EQUALITY
AN ROINN DLÍ AGUS CIRT AGUS COMHIONANNAIS

OFFICE FOR THE PROMOTION OF MIGRANT INTEGRATION
OIFIG CHUN LÁNPHÁIRTAÍOCHT IMIRCEACH A CHUR CHUN CINN

Communities Integration Fund 2018

Grant Application Form

Please note:

- Applicants should read the accompanying CIF2018 guidance notes BEFORE completing this form
- The final time and date for receipt of Applications is 12.00 midnight on Thursday 03/05/2018
- Applications will only be accepted by email to the following address:

integrationfunds@justice.ie

Issued by: Office for the Promotion of Migrant Integration, Department of Justice and Equality,
Bishop's Square, Redmond's Hill, Dublin D02 TD99

PART 1. Basic Information

1.1 Details of Organisation:

Name

Address

Telephone Number

Email

Legal name *(If different from above)*

1.2 Date of establishment of organisation (month and year)

1.3 Organisation category

(1) Organisation Category	Which of the following best describes your organisation; Public Body Private Company <i>(Insert Comp. No. opposite if ticked)</i> Voluntary Organisation <i>(Insert Charity (CHY) no. opposite if ticked)</i>
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1.4 Number of staff currently employed

1.5 Average number of volunteers engaged in a typical month

1.6 Name of the main contact person responsible for any query concerning this application.

PART 2. Project Objectives

- 2.1 Provide a summary of the project/activity the grant will be used for, setting out main activities to be undertaken (300 Words max)

(Please note all projects/activities must start in 2018 and must be completed by 30 June 2019)

- 2.2 Provide give a short description of the expected outcomes you hope to achieve through your project/activity (150 words max)

- 2.3 Estimate the number of participants you expect to take part in your project activities. Provide separate figures for migrants and non-migrants (*include children of migrants in the migrant total*)

Migrants:

Non-Migrants:

Total:

- 2.4 Provide a short summary of the proposed projected expenditure and the reason for this expenditure

2.5 Indicate which theme of the CIF 2018 will be addressed by your project.

(Note: You must select one theme. If your project addresses more than one please pick the theme that best fits your project based on the accompanying guidance note)

2.6 What is the geographical scope of your project?

2.7 Please provide details of previous experience working with migrants (if any)

2.8 Please provide start and end date of project

(Note: Start date must be in 2018 and end date cannot be later than 30 June 2019)

Start date:

End date:

**PLEASE REFER TO ACCOMPANYING CIF2018 GUIDANCE NOTES FOR
FURTHER INFORMATION ABOUT CHANGING PROJECT DATES
AND PROJECT SCOPE**

PART 3. Budget and Bank Details

- 3.1 Using the table below, please provide a detailed breakdown of projected expenditure and the total amount of the grant sought.

Description of Expenditure	Amount in Euros
€ Total <i>(Maximum Grant €5,000)</i>	

- 3.2 Grants can only be paid by Electronic Funds Transfer. Please provide the following information to facilitate payment in the event your application is successful.

Name of Bank	
Address of Bank	
Name on Account	
Sort Code	
Account Number	
BIC	
IBAN	
Tax Clearance Cert No. (if applicable)	

PART 4. Certification of Compliance - Children First Act 2015

Section A

4.1 All remaining provisions of the Children First Act 2015 were commenced on 11th December 2017. Among other provisions, section 11 of the Act requires the provider of a relevant service (as categorised in Schedule 1 to the Act) to produce a **Child Safeguarding Statement** which must:

- Incorporate a written assessment of any risk of harm (as defined in the Act) to children availing of their service; and
- Specify the procedures in place for managing any risks identified and for a range of related matters.

Please confirm whether the funding sought under the Communities Integration Fund 2018 will, or may be, used for any activity or activities that constitute a relevant service within the meaning of Schedule 1 to the Children First Act:

Yes/ No

(Circle appropriate answer. If **Yes**, please give details in **Section B** below) Yes No

Section B

If you answered 'Yes' above, please complete and sign the following certification. (Insert name of organisation providing the service in blank spaces)

4.2 On behalf of _____, I hereby certify that the funding sought in this application/ to be provided under this agreement shall or may be used for an activity or activities that constitute a relevant service within the meaning of Schedule 1 to the Children First Act, 2015.

4.3 I further certify that _____ is, or shall be upon commencing delivery of the relevant service, fully compliant with the Children First Act and the 2017 edition of *Children First: National Guidance for the Protection and Welfare of Children*.

4.4 I further certify that, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Acts, 2012-16 ("the Vetting Acts"), [*service provider*] has obtained, or shall have obtained before commencing delivery of the relevant service, a vetting disclosure in respect of any person who may be involved in providing the relevant service.

4.5 _____ agrees that the compliance herein certified may be subject to such checks as the Department of Justice and Equality deems necessary at any given time.

4.6 _____ also agrees to the inclusion of full and ongoing compliance with the Children First Act, the Vetting Acts and the *Children First National Guidance* as a specific condition of funding.

4.7 _____ further acknowledges that compliance with the Children First Act, the Vetting Acts and the *Children First National Guidance* is, at all times and in every respect, its sole responsibility.

Certified on Behalf of the Organisation:	
Name	
Role in the organisation	
Signature	
Date	

PART 5. Final Declaration

This should be completed by the person to whom all correspondence relating to the proposed grant-aided activity will be addressed.

- 5.1 On behalf of _____ (Name of Organisation) I, the undersigned, apply for a grant of €_____ towards the full development of the project and declare that all the information given is true and complete to the best of my knowledge and belief. I acknowledge that any funds awarded must be used for the purpose stated and not used for any other purpose. I also understand that information supplied in or accompanying this application may be made available on request under the Freedom of Information Acts 2014.
- 5.2 The project sponsors are agreeable to have the project monitored by the Department of Justice and Equality and their agents and will submit vouched expenses supplemented by an implementation report setting out how the project achieved its targets, as necessary for that purpose.

Name of Organisation

Signature

(Use the 'Sign' tool in Adobe Reader to enter your signature)

**Name of Signatory
(USE BLOCK CAPITALS)**

Date of Signature

Role in Organisation

Address

Phone Number

Email Address

Click this box if you wish to add a digital signature 