

List of Questions to aid completion of Application

Social Enterprise Capital Grants Scheme 2021

Funded from the Social Enterprise Measure of the Dormant Accounts Fund

NOTE: Closing Date Friday, 15th October, 2021 at 4pm



An Roinn Forbartha
Tuaithe agus Pobail
Department of Rural and
Community Development



ALL APPLICATIONS ARE TO BE MADE ONLINE TO:

www.galwaycity.ie/daf2021

By 4pm on Friday 15th October 2021
CLOSING DATE WILL BE STRICTLY ADHERED TO.

Social Enterprise Declaration

A Social Enterprise is an enterprise whose objective is to achieve a social, societal or environmental impact, rather than maximising profit for its owners or shareholders.

It pursues its objectives by trading on an ongoing basis through the provision of goods and/or services, and by reinvesting surpluses into achieving social objectives.

It is governed in a fully accountable and transparent manner and is independent of the public sector. If dissolved, it should transfer its assets to another organisation with a similar mission.

National Social Enterprise Policy for Ireland 2019-2022

Social Enterprise Declaration

I confirm that the organisation which I represent -

Is an enterprise whose objective is to achieve a social, societal or environmental impact, rather than maximising profit for its owners or shareholders. POSSIBLE ANSWERS YES OR NO

Pursues its objectives by trading on an ongoing basis through the provision of goods and/or services. POSSIBLE ANSWERS YES OR NO

Reinvests any surpluses into achieving social objectives. POSSIBLE ANSWERS YES OR NO

Is governed in a fully accountable and transparent manner and is independent of the public sector. POSSIBLE ANSWERS YES OR NO

If dissolved, it will transfer its assets to another organisation with a similar mission. POSSIBLE ANSWERS YES OR NO

Organisation Details

1. Name of Social Enterprise
2. Contact Person
3. Role of Contact Person
4. Contact Correspondence Address
5. Eircode
6. Contact Email Address
7. Contact Telephone No
8. Organisation Website
9. Tax Reference Number (if applicable)
10. Tax Clearance Access Number (if applicable)
11. Charity Number (if applicable)

Successful applications for funding under this programme will only be paid to the applicant organisation's Bank Account. Please ensure you have your Bank Account details to hand if your application is successful.

Details of Proposed Expenditure

1. What will the funding be used for?
2. Why is this funding needed and what impact would this grant have on your organisation's service delivery.
3. When will the purchase be made?
4. Amount being applied for
5. Is this amount the partial or total cost
6. If partial, please give the estimated total cost

Important note: Please include supporting documentation. If your total project cost is up to €3,000 then please include one written estimate/quotation. For project costs from €3,000 up to €25,000 please seek a minimum of three written estimates/quotations from independent suppliers and include with your application. For all other cases, please contact Galway City LCDC, email Angela Breslin at candc@galwaycity.ie for information on the required supporting documentation. Evidence of expenditure, receipts /invoices must be retained and provided to the LCDC or their representative if requested.

Please upload your supporting quotation(s) in Pdf format

Please state how your social enterprise proposes to acknowledge the Dormant Accounts Fund (DAF), DRCD, Local Authority and LCDC

Note: Depending on the amount being applied for, this could be as simple as including an acknowledgement on equipment labels, or on notices/signs, or in any newsletters that are being produced locally.

Please outline how your social enterprise will complement or contribute to the Sustainable Development Goals National Implementation Plan 2018-2020

I confirm I have read and fully understand Galway City Councils GDPR Policy

I confirm I have read and fully understand the Terms and Conditions of this Programme (see page 4 of this form).

I confirm that I have read and fully understand the 'Statement on Public Finances' contained in Appendix A (see page 9 of this Form).

I declare that the information provided by me on this application form is truthful and complete.

Signed

Date

Print Name

Position in Organisation (Must be Chairperson or CEO/MD)