

Application to the NICDTF Health Promotion Fund 2008

- Please consult the 'NICDTF HEALTH PROMOTION FUND 2008' information sheet before filling out this form.**
- Please answer all questions. Forms can be emailed to info@nicdtf.ie or posted to:
North Inner City Drugs Task Force
22 Lr Buckingham St
Dublin 1.**
- Application Forms will be considered by a steering group made up of local NICDTF project representatives. Please note that if projects with representation on the steering group are also applying for the fund then their representative will need to stand down for the steering group's deliberation. All decisions will be approved by the NICDTF before funding is disbursed.**
- Closing date for applications is Friday 25th April, 2008**

Please note: The steering group may, upon consideration of this application, require further information before assessment takes place

1. Name(s) and address(es) of organisation(s) and contact person(s).

Address:

Contact Person:

Telephone:

Email:

2. Information on legal status of agency/project, i.e. (LTD by guarantee, Charitable Status etc). (Provide copy of tax clearance certificate.)

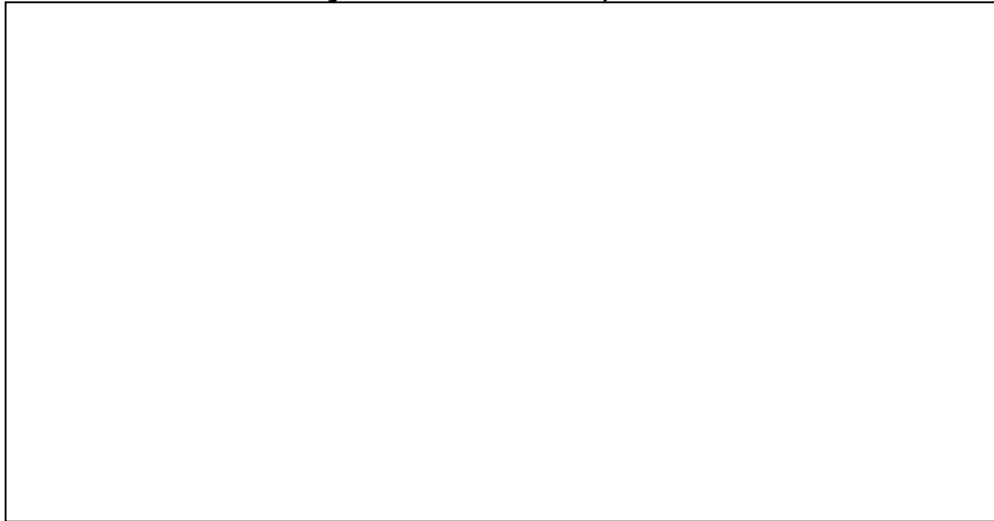
Type of Organisation (please circle): Charity Company

Charity Number (if applicable):

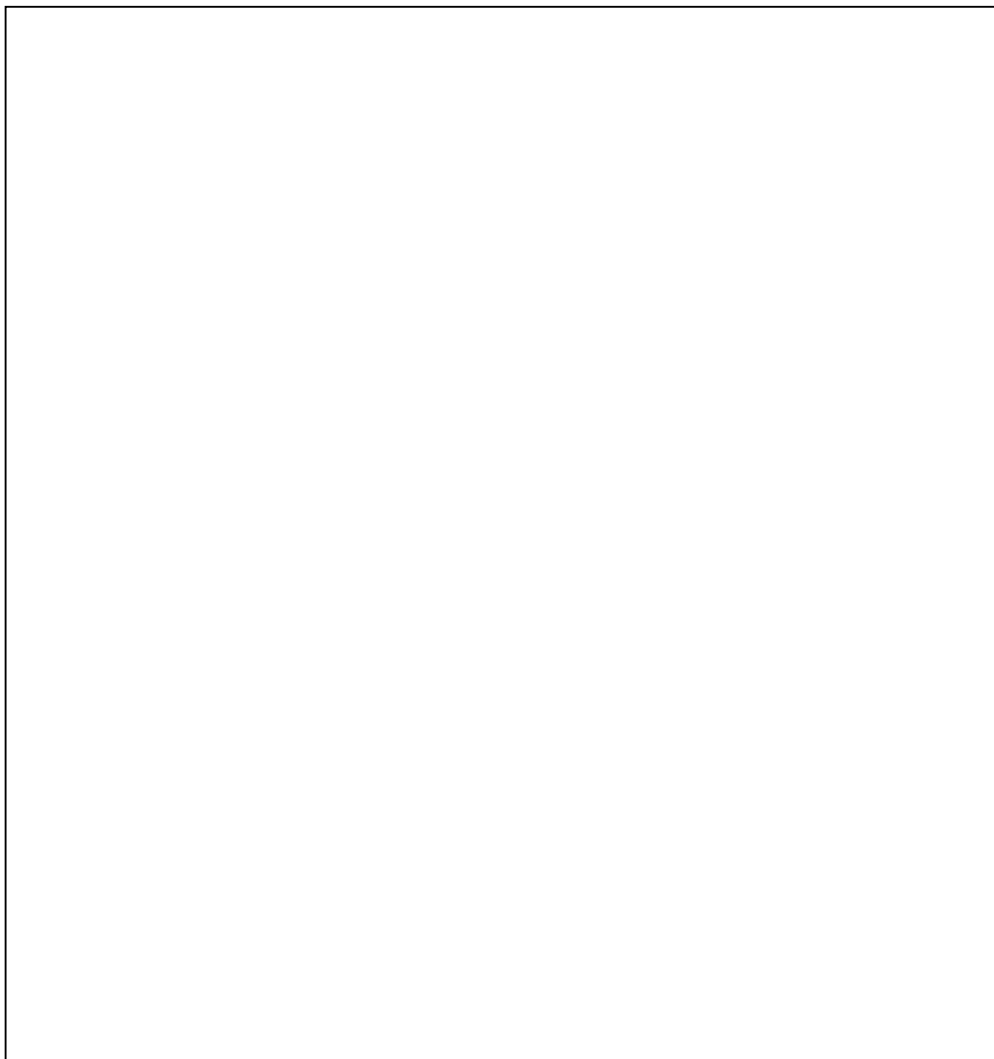
Tax Reference Number:

3. Objectives of the proposed project.

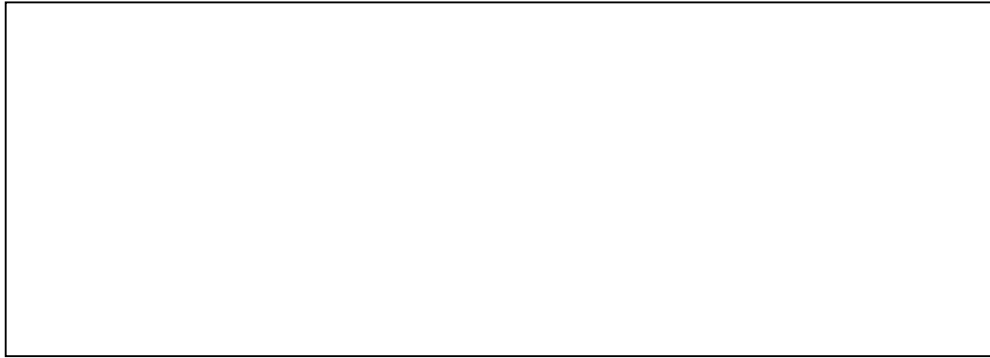
- 4. Please give a detailed description of how these objectives have been identified. Include any relevant research, etc.**



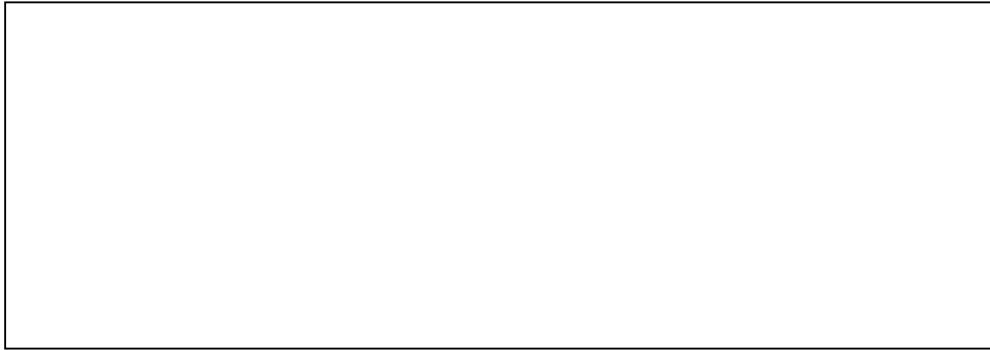
- 5. Please give a detailed description of the proposed project. (Use additional space if needed.)**



6. Who is your target group? How will they be involved in the creation of the project?



7. Please give details of how this project will reach the target group, including an estimate of how many people will have access to this resource.



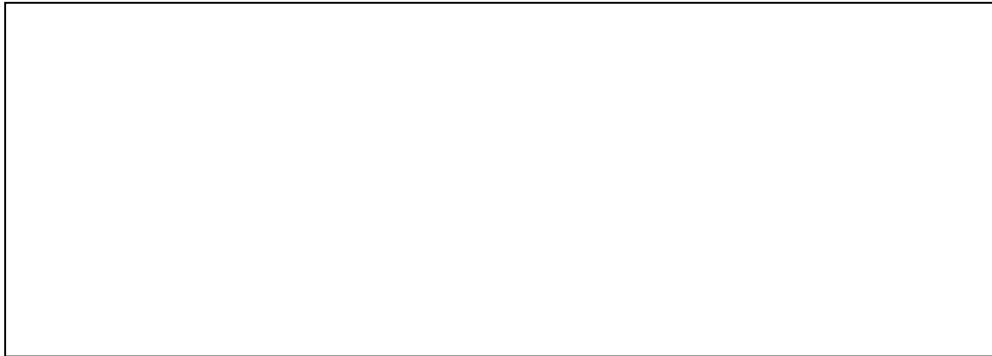
8. Please give details of how the implementation of the project will be managed. In answering this question, please think about other agencies you may need to link with for support in implementing the project. Have these agencies been contacted? Have they agreed to help?



9. Please indicate how finances will be managed.



10. Please provide a detailed project budget including source of other monies if this application does not cover the full cost of the project. Please note that it is likely that monies will be paid in three instalments over the course of the project.



11. Please provide a brief time-line for project implementation.



12. Please give a detailed account of how the proposed project will be evaluated. Please include details of how evaluation will take place on an ongoing basis (e.g. specifying key tasks for completion).

13. Please highlight what you believe to be sustainable about this project - i.e. how it will be of long-term benefit to the local community.

14. Freedom of Information Act:

The NICDTF wishes to remind applicants that the information supplied in the application form and supporting documentation may be released, on request, to third parties, in accordance with obligations under the Freedom of Information Act 1997 and 2003. You are asked to consider if any of the information supplied by you in applying for funding under the programme should not be disclosed because of sensitivity. If this is the case, you should, when providing the information, identify same and specify the reasons for its sensitivity. The NICDTF will consult with you about sensitive information before making a decision on release of such information. The NICDTF may release, on request, information to third parties, without further consultation with you, unless you identify the information as sensitive with supporting reasons.

If you consider that some of the information is sensitive, please identify clearly such information when submitting your application. If you consider that none of the information supplied by you is sensitive, please complete the statement below to that effect.

Name of Organisation: _____ hereby agrees that none of the information supplied is sensitive, and acknowledges that any, or all, of the information supplied, may be released in response to a Freedom of Information request.

Signed: _____ (Chairperson or Secretary)

Date: _____

Disclaimer:

Please read carefully

It will be a condition of any application for funding under the terms and conditions of the NICDTF that the applicant has read, understood and accepted the following:

(i) The NICDTF shall not be liable to the applicant or any other party in respect of any loss, damage or costs of any nature arising directly or indirectly from:

a) The application or the subject matter of the application:

b) The rejection for any reason of any application.

(ii) The NICDTF, its servants or agents shall not at any time in any circumstances be held responsible or liable in relation to any matter whatsoever arising in connection with the development, planning, construction, operation, management and/or administration of individual projects.

Applicant's Statement:

I/we certify that I/we have read and understood the guidelines and criteria applicable to the NIC Health Promotion Fund and agree to comply in full therewith. I/we certify that all information provided in this application, and all information given in any documentation submitted in support of the application is truthful and accurate.

Signed: _____

Date: _____

Name: _____

(In block capitals)

On behalf of: _____

(Organisation's name)