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DEPARTMENT OF JUSTICE AND EQUALITY

Project Application for the Communities Integration Fund

Call for Proposals – 2017

Please note:

- Applicants should refer to the guidance notes when completing this form
- **The final date for receipt of Applications is 12.00 p.m. on Thursday 30/03/2017**

Applications will be accepted by email

integrationfunds@justice.ie

or

Completed application forms can be forwarded to:

**The Integration Funds Unit
Office for the Promotion for Migrant Integration
Department of Justice and Equality
Bishop's Square
Redmond Hill
Dublin D02 TD99**

1. Basic Information

Details of Organisation:

Name

Address

Telephone Number

E-MAIL

Legal name (If different from above)

Date of establishment of organisation --/--/----

Organisation category

(1) Organisation Category	Which of the following best describes your organisation; <input type="checkbox"/> (i) Public Body <input type="checkbox"/> (ii) Private Company <input type="checkbox"/> (iii) Voluntary Organisation
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Number of staff currently employed _____

Number of volunteers (if any) involved in the project _____

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

2. Project Objectives

2.1 Provide a short summary of the project/activity the grant will be used for and the number of migrants who will benefit

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

2.3 How do you consider that your proposal represents good value for money and is cost effective?

2.4 What is the geographical scope of your project?

2.5 Organisational structure of persons involved in the management of the project including volunteers (if any)

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

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2.7 Please provide details of previous funding in 2015/2016 (if any)

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3: Budget Breakdown – please provide details, in tabular form, of the grant applied for and a detailed breakdown of expenditure

Description of Expenditure	Amount
Total:	

Please provide bank account details

Name of Bank: Address: Account Name: Sort Code: Account Number: BIC: IBAN:
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4: Declaration

This should be completed by the person to whom all correspondence will be addressed.

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 to replace existing funding. I also understand that information supplied or in accompanying this application may be made available on request under the Freedom of Information Acts 2014

The project sponsors are agreeable to have the project monitored by the Department of Justice and Equality and will submit vouched expenses supplemented by an implementation report setting out how the project achieved its' targets, as necessary for that purpose.

Contact name for all correspondence in connection with this application:	
Name of Group:	
Signatory: (BLOCK CAPITALS)	
Signed:	
Date:	
Position in Group:	
Address:	
Phone Number:	
Fax:	
E-mail Address:	