**NATIONAL LOTTERY APPLICATION FORM 2024**

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| **IMPORTANT:**1. Only one application form will be accepted per organisation per HSE Community Healthcare Organisation (CHO) e.g. Community Healthcare West (counties Galway, Mayo & Roscommon). If you are seeking funding for more than one project in a CHO, please ensure to copy and complete an **Appendix 1** for each project in order of priority.
2. Please note application funding limits apply. Amounts between €300 and a maximum of €10,000, per organisation, per CHO, are available for projects meeting the criteria.
3. If you are applying for the same project in a number of branches within a CHO, please submit as one project, list the locations and the total cost for all areas.

**How do I apply for National Lottery funding?**  |
| Before you start, here is the information you need to apply:Details about your organisation1. The legal name of your organisation
2. Your organisation’s address
3. What type of organisation it is (for example, a registered charity or not-for-profit company)
4. Details of your contact person (name, address, telephone number, email)

We ask for information about your project(s) / what you propose to do with the funding? 1. And how your project, for which you are seeking this HSE National Lottery funding will help your community
2. We want to know about the project costs
3. We also want to know about where your organisation receives its funding
4. We need you to make sure that your application is once-off (excluding respite) and that it has no major on-going revenue implications (e.g. staffing, major capital projects / day to day running costs)
5. We also ask you to read and tick our checklist on page 6.

Please note failure to submit ALL required documents on the checklist, with your application form, may result in your application not being accepted.1. Application form and copies of all the documents we ask for such as quotations which need to accompany the application form should be sent to the relevant Community Healthcare Organisation (CHO) where the proposed project will be delivered. You can find your local CHO and details of the relevant contact person on <https://www2.hse.ie/services/schemes-allowances/lottery-grants/community-healthcare-organisations/>
2. Successful applicants will be required to comply with the Terms & Conditions of the Grant Aid Agreement which include that, upon completion of the project(s) a Chairperson Statement and copies of all receipts will be submitted.
3. The type of projects we fund:
4. Purchase / replacement of equipment and small fixtures and fittings (e.g. hoists, tables, chairs)
5. Delivery of camps / classes for various groups e.g. People with a disability, disadvantaged groups, older people, mental health service users, etc.
6. Run courses/information events – training, activity programmes, healthy eating, health and wellbeing events. Events for carers.

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| **Need help?**If you need help completing this form, go to <https://www2.hse.ie/services/schemes-allowances/lottery-grants/national-lottery-grants/> for more information and /or contact details. |

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**Tick if your application is for National Lottery Funding** [ ]  **or Respite Care** [ ]

**How many projects are you seeking funding for?**

Has your organisation applied for HSE National Lottery Funding in more than one CHO? Yes [ ]  No [ ]

If Yes, Please list the CHO’s, project name and amount sought:

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| Section 1: Organisation details |
| **Enter the full legal name of your organisation**. *If you are receiving or have received HSE funding, enter the name you have previously used* |
| Name of organisation / group |  |
| Name of contact / liaison person for the lottery (include Title: Mr/Ms/Mrs, etc) |  |
| Position in organisation |  |
| Address |  |
| Eircode |  | Telephone |  |
| Email |  | Website |  |
| What year was your organisation set up?  |  |  |  |  |  |
| Enter contact details for the chairperson and secretary |
|  | Chairperson | Secretary |
| Name |  |  |
| Address |  |  |
| Phone No. |  |  |
|  |
| **Organisation Status / Charitable Status** |
| *Please tick all of the following that are relevant to your organisation* |
|  |  |  |
| Incorporated Company | Yes [ ]  No [ ]  | Registered Company Number: |  |
| Registered Charity | Yes ☐ No ☐ | Charities Regulatory (CRA) No: |  |
| Unincorporated CommunityOrganisation | Yes ☐ No ☐ | With a Constitution in place: | Yes ☐ No ☐ |
| If your organisation does not have a Tax Ref Number you must Register with Revenue for this “Tax Reference Number for Voluntary Organisations”, on the link below in order for us to set you up as a vendor.Tax Registration for Voluntary Non-Profit Making Organisations - <https://www.revenue.ie/en/starting-a-business/documents/form-tr3.pdf> If your application is successful we will issue a vendor form to you at this time for completion.  |

**Insurance Details**

**Please tick the box if the organisation will be in a position to comply with the HSE requirements for insurance contained in Section 10.1 of the Grant Aid Agreement as follows:**

The Organisation undertakes to have sufficient insurance coverage in respect of all services or activities it delivers when using the Grant. The extent and adequacy of the insurance cover is a matter for the Organisation and its insurance advisors [ ]

# Section 2: Your proposed Project(s)

|  |  |  |  |
| --- | --- | --- | --- |
| Project No: (rank in order or priority of what you would like funded) | Project name | Brief Description of project | For HSE use onlyRef no. |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Project Priority 1 - p**lease replicate **Appendix 1** for each additional project

Please tell us about your Project Priority 1 application in this section.

|  |  |
| --- | --- |
| **2.1** | **Project name for which funding is being sought***.* *What is the name of the project on which you propose to spend this funding? The project name should be simple and to the point and separate to the name of the organisation for example; Upgrade of Facilities, Social Outing, Purchase of Equipment, Personal /Social Skills Development etc.* |
|  |
| **2.2** | **Project location**.*Which county will your project be based in? If your project covers more than one county/CHO area,* *please tell us where most of it will take place*  |
|  |
| **2.3** | **Project Dates (National Lottery projects must be completed by 31 December 2024 and Respite Care projects must be complete by 30 June 2025.)** |
| What is your project start date: |  |  |  |  |  |  |  |  | Click here to enter a date. |
| What is your project end date:  |  |  |  |  |  |  |  |  | Click here to enter a date. |

* 1. **Project idea**

|  |
| --- |
| 1. **Tell us about your project for which you are seeking HSE National Lottery Grant Funding.** (Project information only not about your organisation)

*Describe the project and say what it is about** *What would you like to do and why?*
* *Set out exactly what you will spend the money on.*
* *How will you make sure people know about it?*

*(Please limit detail to 250 words)* |
|  |
| 1. **What is the identified need in the area (in line with the HSE National/Local Service Plan)**
 |
|  |
| 1. **List the benefits and the difference will this project make for people.**
 |
|  |
| 1. **How does your project offer value for money?**
 |
|  |
| 1. **What other similar projects are available in your area? Please give details.**
 |
|  |
| 1. **Does your project integrate with other agencies/organisations? If yes please provide details.**
 |
|  |
| 1. **Please confirm your ability to complete the project within the timeframe and allocation.**
 | Yes [ ]  | No [ ]  |
| 1. **Please confirm this is a once off project.**
 | Yes [ ]  | No [ ]  |
| 1. **Please confirm this project has no major on goings, e.g. staffing or running costs.**
 | Yes [ ]  | No [ ]  |
| 1. **Please confirm that this project is not receiving funding from other state bodies.**
 | Yes [ ]  | No [ ]  |
| 1. **Please confirm there is no other Service Arrangement or Grant Aid Agreement already in place for the same project.**
 | Yes [ ]  | No [ ]  |
| 1. **Sometimes it is not feasible to fully fund all projects. Please confirm that you have sufficient resources to deliver the project if only part funding is granted**.

*(The financial supporting documentation will also need to demonstrate this.)* | Yes [ ]  | No [ ]  |
| 1. **If you answered ‘Yes’ above please indicate the minimum approximate percentage of funding required to deliver the project(s).** (It’s important to note that this will be key to the approval of your project.)
 | <20%[ ]  | <50%[ ]  | <70%[ ]  | <100%[ ]  |
| 1. **How many people will benefit from this project?**
 | -10[ ]  | 10-30[ ]  | 30-60[ ]  | 60-100[ ]  | 100+[ ]  |
| 1. **What specific group is this project aimed at?**

*What do we mean by projects for specific groups?*(A wheelchair sports club is a place for disabled people to play wheelchair sport. So, this is a project that’s specifically for disabled people. Or a group that aims to empower Romanian women in the community—this group is specifically for people from a particular ethnic background) |
| [ ]   | People from a particular ethnic background | [ ]   | People of a particular gender |
| [ ]   | People of a particular age  | [ ]   | People experiencing disabilities  |
| [ ]   | People with a particular religious belief | [ ]   | LGBTI+ |
| [ ]   | Families | [ ]   | People with caring responsibilities |
| **Other** (Optional)If this project is for a specific group that's not mentioned above, tell us about it here: |
|  |

2.5 Project costs

|  |  |  |  |
| --- | --- | --- | --- |
| **What is the total cost of the project** | **€** |  |  |
| **How much are you contributing to your project**  | **€** |  |  |
| **How much funding do you need for your project** | **€** |  |  |
| **List the costs you would like us to fund** (Quotations must be submitted for all costs listed here and must equal the total funding requested) failure to submit quotations will result in your application being refused) If you need additional space please attach a full listing of quotes.  |
| *No.* | *Item Description* |  | *No.* | *Item Description* |
|  |  |  |  |
|  |  |  |  |
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| **If the total cost of the project is more than the funding you have requested from us, tell us where the rest of the funding is coming from?**  |
| *Name of Funder* | *Amount* |
|  |  |
|  |  |

Should you have more than one project please replicate **Appendix 1** for each additional project?

# Section 3: Other funding

**Does your organisation have other current funding arrangements with the HSE?** Yes [ ]  No [ ]

€

**Enter the amount you expect to receive in 2024**

**Have you applied for or received any funding from the HSE or other state agency/public body**

**in the past 3 years?** Yes [ ]  No [ ]

*(If yes, please set out details, including details as to any unsuccessful applications)*

|  |  |  |  |
| --- | --- | --- | --- |
| Source of Funding (i.e. HSE, Other public source or private) | Amount | Purpose | Successful/Unsuccessful |
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# Section 4: Declaration

Confirmation and Execution

(To be completed by Chairperson, Hon. Treasurer of Organisation/Group)

**On behalf of**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to apply for a HSE National Lottery grant towards the project(s) named above and I declare, that all the information given in this form is true and complete to the best of my knowledge and belief.

I confirm that I am authorised to make this application.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chairperson**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Treasurer**

|  |
| --- |
| **Note: Signing this does not guarantee your application will be successful. All applications are subject to our adjudication process. We will notify you if your application is successful.**  |

# National Lottery application form: checklist

|  |  |
| --- | --- |
| **Place a tick in the boxes below to confirm that you have included the correct documents** | **Tick** |
| 1 | Only one application per organisation per CHO. |[ ]
| 2 | Chairperson’s Statement containing a Completion Statement for any 2023 National Lottery Grant(s) received, if not already submitted.*(i.e. a statement signed by the CEO or Chairperson of the Board stating that any National Lottery Grant(s) awarded in 2023 was/were used for the stated purpose intended (see Pg.1 point 5).* |[ ]
| 3 | Insurance declaration ticked. |[ ]
| 4 | Application form signed and dated.*(Organisations successful in their lottery applications will be required to comply with the Terms & Conditions of the HSE Grant Aid Agreement)* |[ ]
| 5 | Copies of quotations for this project must be attached to this application form. |[ ]
| 6 | Previous year accounts certified by the Chairperson of the Organisation. |[ ]
| 7 | Confirmation that your organisation has a written constitutional document\*While you are not required to submit your constitution with this application it may be requested at any stage of the process.Note: It is a requirement that your organisation has a written document outlining the aims and objectives, organisational structures, etc. |[ ]

**Please check the HSE website to specific instructions on how to submit your application to the relevant CHO office where the proposed project will take place. Details of CHO office can be found on** <https://www2.hse.ie/services/schemes-allowances/lottery-grants/community-healthcare-organisations/>

# Appendix 1

**Section 2 cont. Additional Projects**

Should you have more than one project please replicate **Appendix 1** for each additional project?

**Project Priority \_\_\_\_\_**

Please tell us about your projects in this section.

|  |  |
| --- | --- |
| **2.1** | **Project name for which funding is being sought***.* *What is the name of the project on which you propose to spend this funding? The project name should be simple and to the point and separate to the name of the organisation for example; Upgrade of Facilities, Social Outing, Purchase of Equipment, Personal /Social Skills Development etc.* |
|  |
| **2.2** | **Project location**.*Which county will your project be based in? If your project covers more than one county/CHO area,* *please tell us where most of it will take place*  |
|  |
| **2.3** | **Project Dates (National Lottery projects must be completed by 31 December 2024 and Respite Care projects must be complete by 30 June 2025.)** |
| What is your project start date: |  |  |  |  |  |  |  |  | Click here to enter a date. |
| What is your project end date:  |  |  |  |  |  |  |  |  | Click here to enter a date. |

* 1. **Project idea**

|  |
| --- |
| 1. **Tell us about your project for which you are seeking HSE National Lottery Grant Funding.** (Project information only not about your organisation)

*Describe the project and say what it is about** *What would you like to do and why?*
* *Set out exactly what you will spend the money on.*
* *How will you make sure people know about it?*

*(Please limit detail to 250 words)* |
|  |
| 1. **What is the identified need in the area (in line with the HSE National/Local Service Plan)**
 |
|  |
| 1. **List the benefits and the difference will this project make for people.**
 |
|  |
| 1. **How does your project offer value for money?**
 |
|  |
| 1. **What other similar projects are available in your area? Please give details.**
 |
|  |
| 1. **Does your project integrate with other agencies/organisations? If yes please provide details.**
 |
|  |
| 1. **Please confirm your ability to complete the project within the timeframe and allocation.**
 | Yes [ ]  | No [ ]  |
| 1. **Please confirm this is a once off project.**
 | Yes [ ]  | No [ ]  |
| 1. **Please confirm this project has no major on goings, e.g. staffing or running costs.**
 | Yes [ ]  | No [ ]  |
| 1. **Please confirm that this project is not receiving funding from other state bodies.**
 | Yes [ ]  | No [ ]  |
| 1. **Please confirm there is no other Service Arrangement or Grant Aid Agreement already in place for the same project.**
 | Yes [ ]  | No [ ]  |
| 1. **Sometimes it is not feasible to fully fund all projects. Please confirm that you have sufficient resources to deliver the project if only part funding is granted**.

*(The financial supporting documentation will also need to demonstrate this.)* | Yes [ ]  | No [ ]  |
| 1. **If you answered ‘Yes’ above please indicate the minimum approximate percentage of funding required to deliver the project(s).** (It’s important to note that this will be key to the approval of your project.)
 | <20%[ ]  | <50%[ ]  | <70%[ ]  | <100%[ ]  |
| 1. **How many people will benefit from this project?**
 | -10[ ]  | 10-30[ ]  | 30-60[ ]  | 60-100[ ]  | 100+[ ]  |
| 1. **What specific group is this project aimed at?**

*What do we mean by projects for specific groups?*(A wheelchair sports club is a place for disabled people to play wheelchair sport. So, this is a project that’s specifically for disabled people. Or a group that aims to empower Romanian women in the community—this group is specifically for people from a particular ethnic background) |
| [ ]   | People from a particular ethnic background | [ ]   | People of a particular gender |
| [ ]   | People of a particular age  | [ ]   | People experiencing disabilities  |
| [ ]   | People with a particular religious belief | [ ]   | LGBTI+ |
| [ ]   | Families | [ ]   | People with caring responsibilities |
| **Other** (Optional)If this project is for a specific group that's not mentioned above, tell us about it here: |
|  |

2.5 Project cost

|  |  |  |  |
| --- | --- | --- | --- |
| **What is the total cost of the project** | **€** |  |  |
| **How much are you contributing to your project**  | **€** |  |  |
| **How much funding do you need for your project** | **€** |  |  |
| **List the costs you would like us to fund** (Quotations must be submitted for all costs listed here and must equal the total funding requested) failure to submit quotations will result in your application being refused) If you need additional space please attach a full listing of quotes.  |
| *No.* | *Item Description* |  | *No.* | *Item Description* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **If the total cost of the project is more than the funding you have requested from us, tell us where the rest of the funding is coming from?**  |
| *Name of Funder* | *Amount* |
|  |  |
|  |  |