

Application form for Grants to Voluntary Organisations



Providing Marriage, Child and Bereavement Counselling Services

- Please read information leaflet FSA 2 before completing the application form.
- Please answer ALL questions fully and place a tick (?) in the boxes provided.
- Any additional information which you wish to provide may be included at PART 9 or on a separate sheet.
- Tá leagan den bhfoirm seo ar fáil ach í a iarraidh ón seoladh thíos:
An Ghníomhaireacht Um Thacaíocht Teaghlaigh, Teach Fhaiche Stiabhna,
Ardán an Iarla, Baile Átha Cliath 2. Teileafón: 01 6114100

Have you previously applied under this scheme YES / NO

If 'Yes' please quote reference No

Grants for which you are applying

(Place a tick in the box opposite type of funding for which you are applying)

SECTION A: Counselling

Part 1 – Marriage/Relationship Counselling	(Page 3)	<input type="checkbox"/>
Part 2 – Child Counselling (in relation to parental separation)	(Page 4)	<input type="checkbox"/>
Part 3 – Bereavement Counselling (on the death of a family member)	(Page 5)	<input type="checkbox"/>

SECTION B: Support Services

Part 4 – Marriage Preparation	(Page 6)	<input type="checkbox"/>
Part 5 – Bereavement Support/Services	(Page 7)	<input type="checkbox"/>
Part 6 – Rainbows Programme	(Page 8)	<input type="checkbox"/>

Details of Organisation

1. Main details

Full Name of Organisation	
Address	
<input type="text"/>	
Phone no.	Mobile no.
Fax	Email
Website:	

2. Main Contact details (all correspondence will be sent to the address indicated)

Title (e.g. Mr/Ms)	Full Name
Role: Chairperson / Treasurer / Other (please specify)	
Address for correspondence	
<input type="text"/>	
Daytime phone no.	Mobile no.
Fax	Email

3. 2nd Contact details

Title (e.g. Mr/Ms)	Full Name
Role: Chairperson / Treasurer / Other (please specify)	
Address	
<input type="text"/>	
Daytime phone no	Mobile no
Fax	Email

Details of Organisation *continued*

4. When was the Organisation founded? Month Year

5. Does the Organisation have

(a) Memorandum & Articles of Association Yes No

(b) A Constitution Yes No

*If yes, please submit copies if not previously provided
or if they have been amended since last application*

6. Describe briefly the General Aims and Objectives of the Organisation

7. Range of services

8. If you are providing a counselling / support service, please give details of your fees policy. This should include maximum and minimum fees charged and the basis for any subsidies granted.

9. What Geographical area does the organisation serve?

10. Does your Organisation have Charitable status? Yes No

If 'Yes' please provide the Charitable status number

11. If 'No' does your Organisation hold a Tax Clearance Certificate? Yes No

If 'Yes' please provide the Tax Clearance number

(Please refer to Parts 5 & 6 of the FSA 2 Information booklet for further details on Charitable status and Tax Clearance procedures).

Amount of Grant sought

€

State proposed work

Provide details of how do you propose to use the funding sought

Anticipated Number of Clients

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How do you propose to evaluate the work

Address of main Marriage Counselling centre covered by this application

If you have additional Marriage Counselling centres please enter details

1.
2.
3.

If you have further centres, please enter full details on page 11 of application form.

Please provide a budget breakdown on amount sought.

Counselling Costs (Please Specify)	Materials	Rent	Audit/Professional Services	General Office Expenses	Other Admin Costs	Total

Give details of other sources of funding received for the provision of Marriage/Relationship Counselling last year

Source of funding	Amount

Amount of Grant sought

€

State proposed work

Provide details of how do you propose to use the funding sought

Anticipated Number of Clients

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How do you propose to evaluate the work

Address of main Child Counselling centre covered by this application

If you have additional Child Counselling centres please enter details

1.
2.
3.

If you have further centres, please enter full details on page 11 of application form.

Please provide a budget breakdown on amount sought.

Counselling Costs (Please Specify)	Materials	Rent	Audit/Professional Services	General Office Expenses	Other Admin Costs	Total

Give details of other sources of funding received for the provision of Child Counselling last year

Source of funding	Amount

Amount of Grant sought

€

State proposed work

Provide details of how do you propose to use the funding sought

Anticipated Number of Clients

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How do you propose to evaluate the work

Address of main Bereavement Counselling centre covered by this application

If you have additional Bereavement Counselling centres please enter details

1.
2.
3.

If you have further centres, please enter full details on page 11 of application form.

Please provide a budget breakdown on amount sought.

Counselling Costs (Please Specify)	Materials	Rent	Audit/Professional Services	General Office Expenses	Other Admin Costs	Total

Give details of other sources of funding received for the provision of Bereavement Counselling last year

Source of funding	Amount

Amount of Grant sought

€

State proposed work

Provide details of how do you propose to use the funding sought

Anticipated Number of Couples

Please give details of duration of courses (Please attach a copy of proposed course outline)

How do you propose to evaluate the work

Address of main Marriage Preparation centre covered by this application

If you have additional Marriage Preparation centres please enter details

1.
2.
3.

If you have further centres, please enter full details on page 11 of application form.

Please provide a budget breakdown on amount sought.

Costs (Please Specify)	Materials	Rent	Audit/Professional Services	General Office Expenses	Other Admin Costs	Total

Give details of other sources of funding received for the provision of Marriage Preparation last year

Source of funding	Amount

How many people in your organisation are currently available and trained to provide marriage preparation courses?

Amount of Grant sought

€

State proposed work

Provide details of how do you propose to use the funding sought

Anticipated Number of Clients

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How do you propose to evaluate the work

Address of main Bereavement support centre covered by this application

If you have additional Bereavement support centres please enter details

1.
2.
3.

If you have further centres, please enter full details on page 11 of application form.

Please provide a budget breakdown on amount sought.

Support Costs	Bereavement Support
Materials	
Other Admin Costs (please specify)	
TOTAL	

Give details of other sources of funding received for the provision of Bereavement Support Services last year

Source of funding	Amount

How many people in your organisation are currently available and trained to provide Bereavement Support?

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Rainbows Ireland Charity Number Amount of Grant sought €

State proposed work

Provide details of how do you propose to use the funding sought

Anticipated number of Participants

How do you propose to evaluate the work

Address of main Rainbows centre covered by this application

If you have additional Rainbows centres please enter details

1.
2.
3.

If you have further centres, please enter full details on page 11 of application form.

Please provide a budget breakdown on amount sought.

Support Costs	Rainbows Support
Materials	
Other Admin Costs (please specify)	
TOTAL	

Give details of other sources of funding received for the provision of Rainbows Programme last year

Source of funding	Amount

How many people in your organisation are currently available and trained by Rainbows Ireland to provide the Rainbows Programme?

Please provide a summary of the budget breakdown for the total funding requested by your organisation under each category.

Category	Total Funding Requested
Marriage Counselling	
Child Counselling	
Bereavement Counselling	
Marriage Preparation	
Bereavement Support (including Bethany)	
Rainbows Programmes	
Total	

Accounts

Please refer to part 7 of the FSA 2 Information booklet for further details on accounts procedures

A grant will not be paid to groups who fail to submit outstanding accounts for grants received previously.

Professional Indemnity Insurance

(Only applies to organisations providing Marriage, Child and/or Bereavement Counselling)

Does your Organisation have Organisational Professional Indemnity Insurance? Yes No

IF YES, please submit a copy of the **current** Organisational Professional Indemnity Insurance certificate with this application

If you do not have **Organisational** Professional Indemnity Insurance, please submit copies of the **current** individual certificates of all counsellors who will provide the counselling for the categories applied for under the scheme of grants **along with a list of their names in alphabetical order.**

Details of Counsellors in your organisation

Total Number of Counsellors* in your organisation

From these Counsellors* How many are paid from FSA grant?

How many are voluntary?

Chairperson's Signature

Date

(If other title, please state)

Treasurer's Signature

Date

(If other title, please state)

*Signatures must be original***NB: Please enclose copies of the following documents with your application**

- Organisational Professional Indemnity Insurance certificate or copies of current individual certificate(s) for each counsellor (see part 11 of FSA 2 booklet for further details)
- Copy of the Organisation's current Tax Clearance Certificate (if applicable) (see part 6 of FSA 2 booklet for further details)
- Your most recent Audited Accounts or Income and Expenditure Accounts (see part 7 of FSA 2 booklet for further details)
- Constitution and / or Memorandum & Articles of Association (if not previously submitted or if amended since last submitted)
- Latest Annual Report (if not already submitted)
- Activity Report (for organisations that received a grant last year, see part 4 of FSA 2 booklet for further details).

Please send completed application to:

Family Support Agency,
Grants Section, Floor 4,
St Stephens Green House,
Earlsfort Terrace, Dublin 2

If you wish to make further enquiries, please phone: 01 6114100

NB: Closing date for receipt of applications: Friday 24th February 2012 at 5.30pm.**PLEASE NOTE: UNDER NO CIRCUMSTANCES WILL APPLICATIONS RECEIVED AFTER THIS DATE BE ACCEPTED****Freedom of Information Act**

Any information provided by you in this application may be subject to release in accordance with the Agency's obligations under the Freedom of Information Act, which came into force on 21st April 1998. If you believe that any of the information supplied by you should not be disclosed because of its sensitivity, you should identify this information and state the reasons for its sensitivity. The Agency will consult with you about this sensitive information before making a decision on any Freedom of Information request received.

NOTE: Please provide your name and address below (and reference number if applicable) as this will be returned to you in acknowledgement of the receipt of your Application form.

2012 Scheme of Grants for Marriage, Child & Bereavement Counselling Services.

Ref No: _____

Contacts' name and address:

Date application form received

Official Use Only

NB: Closing date for receipt of applications: Friday, 24th February 2012 at 5.30pm.**Please Note: applications received after this date will not be accepted**