**Expression of Interest Form for Bidders**

**Essential Criteria**

1. You must be an individual or community group providing a service in, or benefit to the Newry, Mourne and Down District Council area.
2. Your project must “promote positive mental health through increased social connectivity and address emerging needs due to COVID-19” in the District.
3. You can apply for funding up to £1500.00. **We will always receive more applications than we have funding for.** Therefore, not everyone will be successful. However, there are a range of alternative funding sources that you may be able to access. Communities Leading Change partners will be available to advise you if required.
4. You **must** be able to **deliver** your project by 31 March 2022 if successful.
5. Have any legal permission and all necessary insurance to carry out your project
6. Allow your project to be used in any promotional material
7. Submit your application by 22 October 2021 at 5pm
8. Attend an event to showcase your completed projects to your community or be able to show evidence of expenditure/ photos or video evidence also permitted.
9. Full verification is required for 20% of the successful groups (random sample) (bank statements, invoices, receipts)
10. **Contact Details (if under 18 please ask a supporting adult to complete on your behalf)**

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| --- |
| Name:  |

|  |  |
| --- | --- |
| Address:Postcode: | Daytime Telephone No:Mobile No:Email: |

|  |  |
| --- | --- |
| Group / Organisation name: | Project name: |

|  |  |
| --- | --- |
| Do you have a constitution: Yes ☐ | No: ☐ |
| Downpatrick DEA: [ ]  | Newry DEA: [ ]  |
| Rowallane [ ]  | Crotlieve [ ]  |
| Slieve Croob [ ]  | Slieve Gullion [ ]  |
| The Mournes [ ]  |  |

1. **Project Details**

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| Please summarise the project you would use the money for in **30 words** (this will be used in publicity material): |

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| Please describe how your project promote positive mental health through increased social connectivity and address emerging needs due to COVID-19 in the district/your DEA? |

|  |  |
| --- | --- |
| **How much money are you applying for?** | £ |
| **How do you plan to spend the money you receive?** |
| Item | Cost |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| Total  | £ |

|  |
| --- |
| What difference will the project make and who will benefit? |

|  |  |
| --- | --- |
| Please tell us how many people you think your project will help? |  |
| When will you deliver your project (by 31 March 2022) |  |
| Do you have a bank account to which the funds would be payable? |  |

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| Do you require any adjustments to be made to help you with your application? E.g. disability, language etc. |

Please confirm that you have read and understand the Terms and Conditions (if you are under 18 please ask a consenting adult):

Signature: Date: