

**Healthy Ireland Fund 2019-2021**

**Expression of Interest Form**

**Dún Laoghaire-Rathdown**

**Local Community Development Committee**

**&**

 **Children and Young People’s Services Committee**

**ALL EXPRESSIONS OF INTEREST ARE TO BE RETURNED BY EMAIL TO** **community@dlrcoco.ie**

**By 5pm ON AUGUST 27th 2019**

**CLOSING DATE WILL BE STRICTLY ADHERED TO**

***Please ensure you have included the budget sheet for your action.***

**SECTION 1**

**YOUR ORGANISATION**

Name of Group / Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role in Group/Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please provide a brief description of your group / organisation

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Have you previously applied for Healthy Ireland Funding? Yes No 

If yes, give details (name of project, description, and amount applied for)

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If you have previously received Healthy Ireland funding, please indicate if this is a repeat or new project

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**SECTION 2**

**Healthy Ireland**

The Healthy Ireland Fund is supported by the Department of Health and the Department of Children and Youth Affairs. The primary aim of the fund is to support innovative, cross-sectoral, evidence-based projects and initiatives that support the implementation of key national policies in areas such as obesity, smoking, alcohol, mental health, physical activity and sexual health.

**TERMS AND CONDITIONS**

* Under the Healthy Ireland Fund, projects will be funded that support the health and wellbeing of the community of Dún Laoghaire-Rathdown, with a particular focus on the themes and priorities as highlighted in the EOI guidelines.
* The minimum action budget is €7,500 with a maximum of €20,000**. All costs applied for must be directly related to the actions outlined** in the expression of interest form. A separate budget sheet must be included in the expression of interest (see attached).
* All costs must be **additional costs** to the lead organisation for the delivery of the actions. The budget spend can take place from confirmation award of grant (estimated to be Nov. 2019 through to June 2021)
* **All funding must be spent by 30th June 2021,** therefore be realistic in terms of the costs included in the budget for the programme of work.
* All **unspent grant aid** at 30th June 2021 will be de-committed.
* The information supplied by the group /organisation must be accurate and complete. Misinformation may lead to disqualification and/or the repayment of any grant made.
* All information provided in respect of the expression of interest for funding will be held electronically.
* The Freedom of Information Act applies to all records held by the Department and Local Authorities.
* It is the responsibility of each organisation to ensure that it has proper procedures and policies in place including appropriate insurance where relevant.
* Any repeat actions from previous rounds of Healthy Ireland funding must demonstrate new innovations or growth of the project.
* All costs must be verifiable in the future, i.e. when submitting your financial reports, the costs must be capable of being verified, e.g. by receipts, invoices, procurement processes, tenders, attendance records.
* All invoices relating to the approved actions must be submitted on a timely basis, with the appropriate back-up documentation, to the Healthy DLR Project Coordinator for payment.
* Invoices should be addressed to Healthy Ireland, c/o Southside Partnership DLR, The Old Post Office, Main Street, Blackrock, Co. Dublin.
* The logos of Healthy Ireland, Pobal, the Government of Ireland, DLR LCDC and DLR CYPSC must be displayed in all materials associated with the purpose of the grant.
* Late applications will not be considered.
* Breaches of the terms and conditions of the grants scheme may result in sanctions including disbarment from future grant applications.
* Please ensure the expression of interest form is completed in full. Incomplete forms will not be considered.
* Please note all successful expressions of interest to be included in Dún Laoghaire-Rathdown’s Healthy Ireland programme of work are still subject to approval by the Department of Health and Pobal.
* A written agreement between the successful group/organisation and the LCDC/CYPSC will be put in place prior to the commencement of the project.
* Successful groups/organisations will be required to submit financial and progress reports as follows:
* December 2019
* March 2020
* June 2020
* September 2020
* December 2020
* March 2021
* June 2021
* Applicants must complete and return a detailed end of project report on the approved Action.
* The lead delivery organisation for each action must liaise with the Healthy DLR Project Coordinator as required.
* In order to process your application it may be necessary for Dun Laoghaire Rathdown County Council to collect personal data from you. Such information will be processed in line with the Local Authority’s privacy statement which is available to view on [www.dlrcoco.ie](http://www.dlrcoco.ie).
* Public, community/voluntary organisations, statutory sector, independent charitable organisations, youth organisations, sports organisations, healthcare organisations, education and training institutions, and organisations representing specific target groups are eligible to apply for funding.
* Commercial organisations and individuals are not eligible for funding.
* Please note the Health Service Executive (HSE) is precluded from being the lead delivery partner on an action; however the HSE may be a partner in the delivery of an action.

**SECTION 3**

**ACTION DETAILS**

| **Information Required** | **Explanation** |
| --- | --- |
| **Title**  | Provide **a name for each proposed action**. Examples: ‘Walking Initiatives for the County’, ‘Mental Wellbeing for older people living in a disadvantaged area’.  |
| **Healthy Ireland Framework Goals** | Each action must contribute to **one goal** from [**Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025**](https://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=2ahUKEwivtfC_-L3iAhVRL6wKHbO9DKQQFjADegQIAxAC&url=https%3A%2F%2Fhealth.gov.ie%2Fwp-content%2Fuploads%2F2014%2F03%2FHealthyIrelandBrochureWA2.pdf&usg=AOvVaw0r5zAk_k5FFhiij72bhQa1). The table below has been pre-filled with the priority goals, please select the appropriate goal for each action. |
| **National Policy Framework for Children & Young People Outcomes** | An action that will benefit children and young people (0-24 year olds) must contribute to **one national outcome** from the [**‘Better Outcomes, Brighter Futures’, National Policy Framework for Children and Young People’**](https://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwjO1vun9L3iAhUGKawKHRAyAaoQFjAAegQIBBAC&url=https%3A%2F%2Fwww.dcya.gov.ie%2Fdocuments%2Fcypp_framework%2FBetterOutcomesBetterFutureReport.pdf&usg=AOvVaw1RSKjiznANzf9bDbxd22lg). The table below has been pre-filled with the priority outcomes, please select the appropriate outcome for each action. |
| **Priority Theme** | There are six priority thematic areas: * Mental Health
* Physical Activity
* Nutrition
* Tobacco and Alcohol
* Sexual Health
* Spaces and Places for Health and Wellbeing

**Select one of the priority themes** from the pre-filled options in the table below for each action.**Please note** while actions that address any of the above are welcomed,actions addressing the following themes/groups will be prioritised:* Mental Health
* Disability
* Children and Young People
 |
| **Alignment**  | **Outline how each action will complement or contribute to the national and local policies, thematic priority area and local plan(s).** Each action must align with the following. 1. [Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 - 2025](https://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=2ahUKEwivtfC_-L3iAhVRL6wKHbO9DKQQFjADegQIAxAC&url=https%3A%2F%2Fhealth.gov.ie%2Fwp-content%2Fuploads%2F2014%2F03%2FHealthyIrelandBrochureWA2.pdf&usg=AOvVaw0r5zAk_k5FFhiij72bhQa1) and/or if applicable, the outcome selected above from the [‘Better Outcomes, Brighter Futures’, National Policy Framework for Children and Young People, 2014 - 2020](https://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwjO1vun9L3iAhUGKawKHRAyAaoQFjAAegQIBBAC&url=https%3A%2F%2Fwww.dcya.gov.ie%2Fdocuments%2Fcypp_framework%2FBetterOutcomesBetterFutureReport.pdf&usg=AOvVaw1RSKjiznANzf9bDbxd22lg).
2. Priority Theme (as selected above) and relevant government policy for the priority theme selected. Full details are in the guidelines
3. The Healthy Dún Laoghaire-Rathdown Plan 2019-2021 and the Dún Laoghaire-Rathdown Local Economic and Community Plan 2016- 2021

(d) If applicable, the DLR CYPSC Subgroup priority outcomes for children and young people 2019.  |
| **Total Cost of this Action** | Complete the budget template provided. Insert the total cost for each action in the table below. **Note**: **The minimum budget per action is €7,500, the total budget allowable per action is €20,000**. Please check that the **figures in the table below match your budget template**.  |
| **Description** | Provide a **brief overview of the proposed action**. This should include a summary of the services involved, the target population and the activities to be delivered. Indicate if this is a new action or a repeat action from previous rounds of HIF.  |
| **Need for the Action** | **Clearly explain the need for each action**. Explain how each action meets the need identified. Refer to consultations, evaluations, research, published data, surveys, publications etc. to demonstrate the need outlined.If this is a repeat action, clearly explain the need to repeat this action e.g. is it with a new target group or to be delivered in a new area.  |
| **Activities & Outputs Table**  | For each action, you must list the key activities you plan to undertake to implement this action. All activities must be completed no later than 30th June 2021. Select the appropriate category for each activity from the prefilled list.For each activity you must define a specific **Output** and include details of relevant targets (quantitative or qualitative) for each activity. **Note:** If you are planning to repeat a specific activity during the grant period, you should state the final date for completion.An **Output** is an immediate, measurable result of a specific activity, e.g. the number of people trained. If you are planning to repeat a specific activity, you should specify the total output for the duration of the grant e.g. total number of people who will participate in a specific set of training sessions for the duration of the grantPlease note the anticipated outcomes of this action, in terms of potential benefit to the participants and/or services.Please note any potential barriers or challenges that might arise with regards to the delivery of this action, and how these could be addressed with the support of other services.Select the **Primary Target Group,** from the prefilled list, to identify who will benefit from each **Activity Output**. E.g. children and young people. |
| **Geographic Area**  | Indicate a primary geographic area that will directly benefit from each action. This may include local (e.g. town, neighbourhood, area); county, multiple counties, region. Highlight if this is a disadvantaged area. You may like to use the Pobal Maps tool to help define the disadvantaged areas. Here is the link: [**https://maps.pobal.ie/WebApps/DeprivationIndices/index.html**](https://maps.pobal.ie/WebApps/DeprivationIndices/index.html) |
| **Lead Delivery Partner** | You must specify the name of the lead organisation responsible for delivering each action.A written agreement between the organisation and the LCDC/CYPSC will be required. |
| **List the other organisations involved in the development and implementation of this action.**  | Name the partner organisations involved in planning or delivery of this action. Briefly describe their role in the development and or implementation of the action. Confirm that you will put written memorandum of agreements in place with these organisations to clarify their role/contribution/expectations. **Note:** Organisations named in this section will be recipients of the grant awarded.  |
| **Procurement** | Tell us about your intentions in terms of procuring goods and services in relation to this action e.g. tendering, sub-contracting for each activity within the action. For more information visit the Office of Government Procurement Website - [**https://www.etenders.gov.ie/generalprocguide.aspx**](https://www.etenders.gov.ie/generalprocguide.aspx)  |

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| Once you click on “choose an item” in the tables below, a list of dropdown options will appear. You can select one item only. The table has no character or word limits, however, please be as concise as possible in your responses. |
| **Action (Insert Title)** |  | **Start Date**(for this Action) |  Click here to enter a date.  | **End Date**(for this Action) |  Click here to enter a date.  |
| **Healthy Ireland Framework Goal** | Choose an item. | **National Policy Framework for Children & Young People Outcome**(if applicable: actions targeted at 0-24 year olds) | Choose an item. |
| **Priority Theme** | Choose an item. |  |
| **Outline how each action will complement or contribute to the national and local policies, thematic priority area and local plan(s).** | **Healthy Ireland Framework** |  |
| **Priority Theme (as indicated above) and relevant national policy for that theme** |  |
| **Healthy Dún Laoghaire-Rathdown Plan 2019- 2021** |  |
| **Enter the total cost of this action** | **€** |
| **Action Description** |  |
| **Need for the Action** |  |
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| **Activities and Outputs Table**  |
|  | **Activity Details** | **Activity Category** | **Primary Target Group** | **Activity Output(s)** | **Date to be completed by** |
| **1.** |  | Choose an item. | Choose an item. |  | Click here to enter a date. |
| **2.** |  | Choose an item. | Choose an item. |  | Click here to enter a date. |
| **3.** |  | Choose an item. | Choose an item. |  | Click here to enter a date. |
| **4.** |  | Choose an item. | Choose an item. |  | Click here to enter a date. |
| **5.** |  | Choose an item. | Choose an item. |  | Click here to enter a date. |
| **6.** |  | Choose an item. | Choose an item. |  | Click here to enter a date. |
| **7.** |  | Choose an item. | Choose an item. |  | Click here to enter a date. |
| **8.** |  | Choose an item. | Choose an item. |  | Click here to enter a date. |

 |
| **Geographic area that will benefit from this action** |  |
| **Number of participants the action will address** |  |
| **Name the Lead Delivery Partner Organisation** |  |
| **List the other organisations involved in the development and implementation of this action.** |   |
| **Tell us how you intend to procure the services or goods required to implement this action** |  |
| **Does this action require the employment of staff?** | Choose an item. | **If yes, enter job title and submit a job description template for each worker with this programme of work** |  |

**SECTION 4**

**Declaration**

* **I declare that the information given in this form is correct.**
* **I confirm I have read and fully understand the Terms and Conditions of the Healthy Ireland Fund.**
* **I confirm that I have read the Healthy Ireland Expression of Interest Guidelines prior to completing this form.**
* **I confirm that this grant application is submitted in acceptance of and compliance with the Terms and Conditions.**
* **I confirm that the applicant group/organisation does not have the funding to undertake the work/project without this grant aid or alternatively that the grant will facilitate a larger project which they would otherwise be unable to afford.**
* **I confirm that the applicant group/organisation is tax compliant (if tax registered).**
* **I confirm that the group / organisation agrees to supply details of all relevant insurance policies and governance if / when requested.**
* **I confirm that I have included all the relevant documentation for this expression of interest including EOI form, budget sheet and where applicable job description.**

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| **Name in block capitals (on behalf of group / organisation):**  |  |
| **Signature:** |  |
| **Position held in group / organisation (block capitals):** |  |
| **Contact email:** |  |
| **Contact phone number:** |  |
| **Date:** |  |