



Voluntary / Non-Statutory Agencies

**Application Form from Voluntary/Non-Statutory Agency for new
funding applicable for S39 Grant Aid Agreement and Service
Arrangement**

For Office Use Only if relevant

| HSE Key Contact Details | | | | |
|---|--------------|----------------|------------------|--------------|
| <i>(If you are receiving this application directly from a HSE contact, this will be completed with relevant details and will be your contact in relation to this funding application)</i> | | | | |
| <i>Applications taken directly from the web will not include specific contact information and should be returned to relevant area)</i> | | | | |
| Name | Title | Address | Phone No: | Email |
| | | | | |

| Section A – Agency Structure and Contact Details | | |
|---|-----------------------|---|
| Note: for the purpose of this application the term Agency is used throughout in respect of your organisation | | |
| Name of Agency <i>(This should be the official or Registered Legal Entity name)</i> | | |
| Trading Name (known as) <i>(if different from above)</i> | | |
| Address of Agency <i>(This should not contain the personal name or address of an individual e.g. secretary)</i> | Line 1 | |
| | Line 2 | |
| | Line 3 | |
| | Town | |
| | County | |
| | Eircode | |
| Telephone Number | Contact e-mail | Website |
| | | |
| If applicable please insert Charity Regulator Authority Number (CRN) | | |
| If applicable please insert Revenue Charity Number (CHY) | | |
| If applicable please insert Company Number (CRO) | | |
| Other Agency detail – if relevant | Name | Address |
| Parent Agency Details <i>(where your Agency is a subsidiary of a national Agency)</i> | | |
| Franchise Agency Details <i>(where your Agency is operating as a franchise)</i> | | |
| Affiliation Agency Details <i>(where your Agency is affiliated to other agencies / bodies)</i> | | |
| Agency Contact Details | | |
| Officer | Name | Address (if different to Agency address above) |
| CEO/ Director or appropriate senior official (include title in name) | | |
| Chairperson | | |
| Secretary of Board | | |
| Treasurer | | |
| Application Contact Details | | |
| Agency Key / Main Contact Details <i>(This should be the person who has overall responsibility for this application and resultant funding arrangement and will act as key contact person with the HSE)</i> | | |
| Title | | |
| Name | | |
| Address | | |
| Email | | |
| Eircode | | |
| Phone | | Mobile |
| Authorised Signatory Contact Details <i>(The person authorised by your Agency to sign the Funding Arrangement should this application be successful) – Chairperson or Equivalent</i> | | |
| Title | | |
| Name | | |
| Address | | |
| Email | | |
| Eircode | | |
| Phone | | Mobile |

Section B - Funding Application Details

Agency Overview:

Provide details of the Agency that is to receive the grant award. This should include the Agency's history, when established, mission, objectives and current activities.

Agency Structure:

Outline the Agency management structure by diagram (if required separate sheet may be attached)

Purpose for Use:

This section should specify details of the health and personal social services, including the care group, which will be provided by the Agency in consideration for the Funding provided by the HSE. Details of proposed activity must be provided.

Additional information may be provided in a separate attachment.

Client Group:

Provide details of the target Client group(s) that will benefit from the funding

| Description of service/activity | Nos. availing of service/activity | Frequency of service provided | Is there a charge for this service | |
|---------------------------------|-----------------------------------|-------------------------------|------------------------------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |

Outline the expected benefits/outcomes of the service for which funding is being applied for:

Indicate how this proposal represents Value For Money:

| Section C – Financial Details | | | |
|--|------------------------------------|-----------------------------|---------|
| | Yes | No | Details |
| Is this application to support a new Service? | | | |
| If this application is to support a new Service is it once off? | | | |
| If the Project is once off, please provide the following: | | | |
| Commencement Date: <input type="text"/> | | | |
| End Date: <input type="text"/> | | | |
| If this is an existing service has it been previously funded by the HSE? | | | |
| If this is an existing service previously funded by the HSE please provide details of funding areas and care group: | | | |
| If this is an existing service not previously funded by the HSE, please provide details below of previous funding source, and provide an explanation for cessation of funding: | | | |
| <i>Previous Funding Source</i> | <i>Amount €</i> | <i>Reason for cessation</i> | |
| | | | |
| | | | |
| | | | |
| | Yes | No | |
| Has your Agency previously applied for funding for this or a similar project from the HSE or another public source? If yes, please set out details below: | | | |
| | | | |
| | Yes | No | |
| Has your Agency previously applied for funding for this or a similar project from private sources? If yes, please set out details below:- | | | |
| | | | |
| Total amount of Funding sought from the HSE for this project | € | | |
| Details to be set out in out in Appendix 1 - <i>Projected Financial Summary for this Application.</i> | | | |
| Please provide details of other Funding sources for this project | | | |
| | | | |
| Please provide details of <u>other HSE funding</u> currently provided to your Agency: | | | |
| | | | |
| Service Activity | Funding area and care group | Amount € | |
| | | | |
| | | | |
| | | | |
| | | | |

Detailed Staffing information is required as follows:

Table 1 - Proposed staffing for this funding application

| Funding Application – Proposed Staffing | | | |
|---|------------------------------|----------------|------------------------|
| <i>(Will there be paid employees arising from this grant application? Please provide information as per headings below)</i> | | | |
| Grade | Job Title/Description | Numbers | € Cost / Amount |
| | | | |
| | | | |
| | | | |
| | | | |

| Bank Account Details | |
|---|--------------------|
| Name of Bank: | |
| Address of Bank: | |
| Name on Bank Account: | |
| Bank Account Number: | |
| IBAN Number: | |
| BIC Number: | |
| Bank Sort Code: | |
| Bank Balance as of -----/-----/----- | |
| Any comments on account balance | |
| Tax Clearance Details | |
| If your Agency is not a registered charity with a charity number and the funding sought is over €10,000 a tax clearance certificate is required <i>(Please ensure it is attached with this application)</i> . | |
| Tax Clearance Reference Number | Tax Clearance Date |
| | |
| | |
| Tax Clearance Access Number | |
| | |

Section D – Documentation/Assurances

Insurance Details

If the amount of funding sought from HSE is **below €250,000**, please confirm that the Agency will be in a position to comply with the HSE requirements for insurance set out in Section 10.1 of the Grant Aid Agreement as follows:

The Agency 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 Agency and its insurance advisors

Please tick box

If the amount of funding sought from HSE is **in excess of €250,000**, please confirm that the Agency will be in a position to comply with the HSE requirements for insurance set out in Part 1 and Part 2 Schedule 7 of the Service Arrangement.

Please tick box

Financial and Other Documentation Requirements

(The documentation listed should be attached with this application if not already submitted)

1. **Annual Accounts** prepared in accordance with of the Grant Aid Agreement/Service Arrangement.
 - **Audited Accounts for prior year** if the Agency's total HSE funding is in excess of €150k.
 - **Unaudited Income and Expenditure for prior year** if the Agency's total HSE funding is equal to or less than €150k.
2. **Projected Financial Summary for this Application** - see Appendix 1 below
3. **Completed Governance Self Evaluation Questionnaire** where funding required will be in excess of €50k - see Appendix 2 below.
4. **Access, Admission and Discharge policy, as relevant**
(For activities such as Residential / Day / Respite)

Assurances

| It is confirmed that the Agency complies with: <i>(Tick as appropriate)</i> | Yes | No | N/A |
|--|-----|----|-----|
| A. All relevant legislation and policies, in particular | | | |
| - Data Protection Act 2018 | | | |
| - National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (This is not relevant for small Agency without paid employees). If paid staff or volunteers are engaged in relevant work then they must be Garda vetted. | | | |
| - Compliance with Children First Act 2015 and Children First National Guidance for the Protection and Welfare of Children 2017. (If Agency regularly and necessarily has access to or contact with Children the following) <i>Complete 'Implementation and Compliance Self-assessment Checklist for HSE funded Agencies' available at:</i> https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/resources/checklist.doc | | | |
| - National Policy and Procedure Safeguarding Vulnerable Persons at Risk of Abuse | | | |
| B. Other Requirements | | | |
| - Holds a written Constitutional Document <i>(outlining the aims and objectives, Agency's structures)</i> | | | |
| - Retains a record of Board meetings | | | |
| - Retains a record of activities undertaken with use of grant | | | |
| - Retains a record of Complaints | | | |

Section E - Additional Information

Please confirm the following:

| | Tick | Yes | No |
|---|------|-----|----|
| Your Agency identifies risks associated with the delivery of your service and takes appropriate steps to resolve them | | | |
| Comment | | | |
| Your Agency manages its financial resources in accordance with Generally Accepted Accountancy Principles (GAAP), legal requirements and sound financial management practice | | | |
| Comment | | | |
| Your Agency facilitates active participation of service users and staff in assessing and improving the quality and effectiveness of service standards | | | |
| Comment | | | |
| Your Agency will implement similar policies which are consistent with relevant HSE policies | | | |
| Comment | | | |

Section F – Performance Management and signature block

Performance Management

No. of Clients attending/benefiting from Service _____

Agency will provide Performance Data as required by HSE Yes

Agency will attend Performance Review meetings as required by HSE Yes

Agency will submit Financial documentation where relevant Yes

Please specify proposed Performance Indicators:

-
-
-
-
-

Are there any matters in relation to service provision, internal controls including financial, or other matters that the HSE should be aware of as part of this application for funding? If so please provide details below:

Where this application for funding is approved this Agency commits to signing a Grant Aid Agreement/Service Arrangement

Please tick box

| Signed on Behalf of Agency | |
|----------------------------|-----------|
| Chairperson/CEO | Treasurer |
| Name | Name |
| Signed | Signed |
| Date | Date |

Appendix 1

| Projected Financial Summary for this Application | | | |
|--|---|--|------------------------|
| To be completed by all Agencies, whether seeking once-off or on-going funding | | | |
| Category | Once Off (Initial year start up costs, if applicable) € | Projected full year costing for this application € | Total Application € |
| Income | | | |
| Income from HSE | | | |
| Income from Other State Agencies <i>Please list separately</i> | | | |
| | | | |
| | | | |
| | | | |
| Fundraising | | | |
| Client Income <i>Please provide description</i> | | | |
| Other Income <i>Please provide description</i> | | | |
| | | | |
| Total Income | | | |
| Expenditure | | | |
| Salaries (incl. PRSI) | | | |
| Bank Charges | | | |
| Telephone | | | |
| Postage | | | |
| Rent | | | |
| Heat & Light | | | |
| Insurance | | | |
| Training | | | |
| Head Office Expenses | | | |
| Management Support Expenses | | | |
| Other Expenses <i>list as required</i> | | | |
| | | | |
| | | | |
| | | | |
| Total Expenditure | | | |
| Surplus / (Deficit) | | | |
| Comments | | | |
| <i>Note: Any Head Office or management support expenses should be listed separately.</i> | | | |

Appendix 2

Governance Self Evaluation Questionnaire - completed by Agencies where funding being sought is in excess of €50k

A. Constitutional Matters

| | Governance | Yes / No | If no Specific Action Required | By Whom | When |
|----|--|----------|--------------------------------|---------|------|
| 1 | Does the Agency have a Constitutional document (formerly Memorandum and Articles of Association (M&A) for an incorporated company) which governs the internal operation of the Agency? | | | | |
| 2 | Does the Constitution specify the role of the Board? | | | | |
| 3 | Does the Constitution specify the scope of the Board? | | | | |
| 4 | Does the Constitution specify criteria for electing Board Members? | | | | |
| 5 | Where applicable, i.e. where the Agency is incorporated does the Constitution comply with the Companies Act or Trustees Act, 2014? | | | | |
| 6 | Is there a clear division of responsibility within the Agency, between the Board and the Management? | | | | |
| 7 | Do the Agency's procedures ensure that no one individual or group has undue influence over the Board's decision making processes? | | | | |
| 8 | Does the Board review its structure, size and composition? (If "Yes", indicate frequency) | | | | |
| 9 | Does the Board receive adequate and sufficient information? How does it evaluate the independence/safety of the information it receives? | | | | |
| 10 | Are Annual General Meetings (A.G.M.) held, with not more than 15 months duration between meetings? | | | | |
| 11 | Where applicable, does the A.G.M. comply with Company Law and is adequate documentation of the AGM retained and filed publicly as required? | | | | |
| 12 | Are audited accounts presented at the A.G.M.? | | | | |
| 13 | Is a list of the membership of the Agency maintained? | | | | |
| 14 | Is there capacity in the Constitution for the calling of an Extraordinary General Meeting (E.G.M.)? | | | | |

B. Operational Systems for the Management of Board Meetings. Committee Structures

| | Governance | Yes / No | If no Specific Action Required | By Whom | When |
|---|--|-----------------|---------------------------------------|----------------|-------------|
| 1 | Does the Board have appropriate procedures governing its meetings and other procedures governing its operation? (These would be contained in the Constitution) | | | | |
| 2 | Are these procedures reviewed annually and reported to each member of the Board? | | | | |
| 3 | Does the Chairperson ensure each meeting has an Agenda? | | | | |
| 4 | Are Agendas circulated in advance of meetings? | | | | |
| 5 | Are minutes circulated? | | | | |
| 6 | Do members of the Board have the option of putting items on the Agenda of Board meetings? | | | | |
| 7 | Are Board members confident that they can raise issues of concern at Board level? | | | | |
| 8 | Do Board members have access to independent professional advice? | | | | |

C. Committee Structures

| | | | | | |
|---|---|--|--|--|--|
| 1 | Does the Board facilitate the creation of sub-committees? | | | | |
| 2 | Does the Board have a Audit/Finance sub-committee? | | | | |

If "Yes" to C2 above please complete the following?

| | | | | | |
|----|---|--|--|--|--|
| 2a | Are the roles and responsibilities of such a committee set out in writing? | | | | |
| 2b | Does the committee monitor the integrity of the financial statements of the Agency? | | | | |
| 2c | Does the committee review the Agency's internal financial control and risk management system? | | | | |

D. Appointment, Induction and Training of New Board Members

| | Governance | Yes / No | If no Specific Action Required | By Whom | When |
|---|--|-----------------|---------------------------------------|----------------|-------------|
| 1 | Are the procedures relating to appointment of Board members fair, equitable and transparent? | | | | |
| 2 | Is there a formal induction process for new Board members? | | | | |
| 3 | Are new Board members presented with clear documentation advising them of: | | | | |
| | a) duration of their appointment? | | | | |
| | b) role and responsibilities? | | | | |
| | c) responsibilities with regard to declaring conflicts of interest? | | | | |
| | d) responsibilities with regard to confidentiality? | | | | |
| | e) legal obligations? | | | | |
| 4 | Is a copy of the Constitution given to each new Board member? | | | | |
| 5 | Have Board members access to a copy of the most recent accounts? | | | | |
| 6 | Are Board members made aware of the Agency's Mission Statement? | | | | |
| 7 | Is Board members access to stakeholders defined? | | | | |
| 8 | Do new Board members receive formal training in regard to their membership of the Board? | | | | |

E. Corporate Governance Systems & Structures.

| | Governance | Yes / No | If no Specific Action Required | By Whom | When |
|---|--|-----------------|---------------------------------------|----------------|-------------|
| 1 | Does the Board receive regular training (in particular in relation to legal and accounting requirements, good governance, and best practice in the principal areas of the Agency)? | | | | |
| 2 | Does the Board have a Strategic Planning Role? | | | | |
| 3 | Are the Board familiar with Service Plans? | | | | |
| 4 | Is there a written performance review process for the C.E.O? | | | | |
| 5 | Does the Board review its own performance? | | | | |
| 6 | Does the Board conduct an internal annual review of the effectiveness of the Agency's internal controls? | | | | |

| Documents | | |
|---|--|------------|
| Please identify, where relevant, if any of the following documents are in place in your Agency | | |
| | Governance | Yes |
| 1 | Code of Practice for Corporate Governance | |
| 2 | Code of Business Conduct | |
| 3 | Admissions / Discharge Policy | |
| 4 | Complaints Procedure | |
| 5 | Accident & Incident Report Form | |
| 6 | Policy on Investigation and Management of Abuse | |
| 7 | Recruitment Policy | |
| 8 | Health & Safety Policy | |
| 9 | Human Resources Policy / Staff Manual | |
| 10 | Grievance & Disciplinary Procedure | |
| 11 | Bullying Policy | |
| 12 | Risk Management Policy | |
| 13 | Risk Assessment Training | |
| 14 | Manual Handling Training | |
| 15 | First Aid Training | |
| 16 | Medication Policy | |
| 17 | Financial Policy | |
| 18 | Policy Governing Volunteers | |
| 19 | Policy on Advocacy | |
| 20 | Consent Policy | |
| 21 | Policy on Confidentiality | |
| 22 | Dignity at Work Policy | |
| 23 | Training & Development Policy | |
| 24 | Procurement Policy that complies with the HSE Procurement Policy | |
| 25 | Patient Private Property Policy | |
| 26 | Child Protection Policy including Children First | |

| Checklist for Application | | | |
|--|-------------|-------------|-------------|
| | Yes | No | N/A |
| <i>* N/A Blacked out indicates that the requirement is mandatory</i> | Tick | Tick | Tick |
| Fully Completed Application Form- To be enclosed | | | |
| Charitable Status Number or Tax Clearance Certificate - To be enclosed <i>(if grant is over €10,000)</i> | | | |
| Annual Accounts of Previous Year - To be enclosed if not already submitted <ol style="list-style-type: none"> 1. <i>Audited Accounts must be submitted by Agency with total HSE funding of <u>over</u> €150,000</i> 2. <i>Unaudited Income and Expenditure must be submitted by Agency with total HSE funding of <u>less than</u> €150,000</i> | | | |
| External Auditors Management Letter of Previous Year- required only where the Agency is required to submit audited accounts under the terms of the GA/SA | | | |
| Annual Report /Chairperson’s Statement – Most Recent Year - To be enclosed if not already submitted | | | |
| Completed Projected Financial Summary for this Application (Appendix 1) | | | |
| Completed Governance Self-evaluation Questionnaire (Appendix 2) | | | |
| Access Admission Discharge policy- To be enclosed as relevant for activities such as Residential / Day / Respite | | | |

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| Decision process: | | | | |
|--|-----|----|-----|--|
| | Yes | No | N/A | Comment |
| Standard Process Control Form A – Pre-assessment is complete | | | | |
| Checklist For Sign Off of Grant Aid Agreement/Service Arrangement is complete | | | | This Checklist must be complete for all Grant Aid Agreement/Service Arrangement applications |
| Does the Agency have overall capability and capacity to provide the specified service? | | | | |
| Does the Agency have a demonstrated commitment to relevant quality standards? | | | | |
| Has a thorough examination of estimates/financial costings taken place and does the application represent value for money? | | | | |
| Decision: Proceed Not to proceed Defer | | | | |
| Overall rationale for Decision: <i>please comment on appendix 2 Governance Self-evaluation Questionnaire including existence of policy documents</i> | | | | |
| If decision is to refuse the application or defer to a later date please provide date the agency was informed of decision: | | | | |
| If decision is to approve application, please provide date the agency was informed of decision: | | | | |

| Signed on behalf of HSE | |
|--------------------------------|--|
| Recommended | Approved <i>(Grade 8 or above in accordance with NFR 01)</i> |
| Signed | Signed |
| Name | Name |
| Grade | Grade |
| Date | Date |