



An Roinn Forbartha  
Tuaithe agus Pobail  
Department of Rural and  
Community Development

# COMMUNITY SERVICES PROGRAMME CLÁR SHEIRBHÍSÍ POBAIL

## 2019

# EXPRESSION OF INTEREST

TO THE DEPARTMENT OF RURAL AND COMMUNITY DEVELOPMENT TO  
BE CONSIDERED FOR THE  
SUBMISSION OF AN APPLICATION TO THE  
COMMUNITY SERVICES PROGRAMME

**February 2019**

The expression of interest form completed in all aspects should be returned to:

**Community Services Programme  
Libraries Development and Community Policy Unit  
Department of Rural and Community Development  
Government Offices  
Ballina  
Co Mayo  
F26 E8N6**

Email: [csp@dr cd.gov.ie](mailto:csp@dr cd.gov.ie)

[www.dr cd.gov.ie](http://www.dr cd.gov.ie)

SECTION 1		DESCRIPTION OF APPLICANT																																															
1.1	<b>LEGAL NAME OF COMPANY/APPLICANT</b> (as registered with the CRO or otherwise)																																																
1.2	<b>BUSINESS OR TRADING NAME</b> (if different from above)																																																
1.3	<b>LEGAL FORM OF YOUR ORGANISATION?</b>	<table border="1"> <thead> <tr> <th>Type of organisation</th> <th>Tick <input type="checkbox"/></th> </tr> </thead> <tbody> <tr> <td>1. Company Limited by Guarantee not having a Share Capital</td> <td></td> </tr> <tr> <td>2. Friendly/Industrial Provident Society</td> <td></td> </tr> <tr> <td>3. Other Form (specify further below)</td> <td></td> </tr> </tbody> </table>	Type of organisation	Tick <input type="checkbox"/>	1. Company Limited by Guarantee not having a Share Capital		2. Friendly/Industrial Provident Society		3. Other Form (specify further below)		Tick <input type="checkbox"/> (select one)																																						
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<b>1.7</b>	<b>WEB ADDRESS</b>		

SECTION 2		DESCRIPTION OF SERVICES																																											
2.1	OUTLINE THE PURPOSE OF YOUR BODY/ORGANISATION																																												
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2.4	PLEASE STATE THE PHYSICAL LOCATION(S) AT WHICH SERVICES ARE DELIVERED																																												

<p><b>2.5</b></p>	<p><b>WHAT DISCREET SOCIAL ENTERPRISE IS BEING PROPOSED FOR CSP CONTRIBUTION?</b></p> <p>Please note ineligible services include:</p> <ul style="list-style-type: none"> <li>• Childcare services</li> <li>• Enterprise centres</li> <li>• Care assistants and medical services</li> <li>• Community development projects</li> <li>• Youth projects and workers</li> <li>• Citizens information and advice centres</li> <li>• Health service delivery</li> <li>• IT or other training projects unless an exceptional need is evidenced</li> <li>• Advocacy, mediation and counselling</li> </ul>	
<p><b>2.6</b></p>	<p><b>WHAT PRODUCT OR SERVICE IS BEING SOLD?</b></p>	
<p><b>2.7</b></p>	<p><b>HOW LONG HAS YOUR ORGANISATION BEEN DELIVERING THIS SERVICE</b></p>	
<p><b>2.8</b></p>	<p><b>WHAT NEEDS ARE BEING MET BY THE SERVICE AND HOW WERE THE NEEDS IDENTIFIED? WHO WILL BENEFIT FROM THE SERVICE?</b></p>	

2.9	HOW IS THE PROPOSED CSP SERVICE CURRENTLY RESOURCED, INCLUDING STAFF (PAID AND UNPAID)?																																			
2.10	<p>WHAT IS THE REVENUE GENERATION CAPACITY AND COSTS OF THE PROPOSAL?</p> <p>Please note the variance between the CSP contribution and the cost of employment for the minimum wage which is currently €2,570 p.a.</p>	<table border="1"> <thead> <tr> <th data-bbox="719 387 1038 465">PROPOSED SERVICE</th> <th colspan="2" data-bbox="1038 387 1425 427">Value</th> </tr> <tr> <td></td> <th data-bbox="1038 427 1254 465">2019</th> <th data-bbox="1254 427 1425 465">2020</th> </tr> </thead> <tbody> <tr> <td colspan="3" data-bbox="719 465 1425 506"><b>INCOME</b></td> </tr> <tr> <td data-bbox="719 506 1038 546">Fees/charges</td> <td data-bbox="1038 506 1254 546">€</td> <td data-bbox="1254 506 1425 546">€</td> </tr> <tr> <td data-bbox="719 546 1038 586">Other financing</td> <td data-bbox="1038 546 1254 586">€</td> <td data-bbox="1254 546 1425 586">€</td> </tr> <tr> <td data-bbox="719 586 1038 627">TOTAL financing</td> <td data-bbox="1038 586 1254 627">€</td> <td data-bbox="1254 586 1425 627">€</td> </tr> <tr> <td colspan="3" data-bbox="719 627 1425 667"><b>COST</b></td> </tr> <tr> <td data-bbox="719 667 1038 707">Wages</td> <td data-bbox="1038 667 1254 707">€</td> <td data-bbox="1254 667 1425 707">€</td> </tr> <tr> <td data-bbox="719 707 1038 748">Service/input costs</td> <td data-bbox="1038 707 1254 748">€</td> <td data-bbox="1254 707 1425 748">€</td> </tr> <tr> <td data-bbox="719 748 1038 788">TOTAL costs</td> <td data-bbox="1038 748 1254 788">€</td> <td data-bbox="1254 748 1425 788">€</td> </tr> <tr> <td data-bbox="719 788 1038 828">Surplus/deficit</td> <td data-bbox="1038 788 1254 828">€</td> <td data-bbox="1254 788 1425 828">€</td> </tr> </tbody> </table>		PROPOSED SERVICE	Value			2019	2020	<b>INCOME</b>			Fees/charges	€	€	Other financing	€	€	TOTAL financing	€	€	<b>COST</b>			Wages	€	€	Service/input costs	€	€	TOTAL costs	€	€	Surplus/deficit	€	€
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2.13	WHAT TARGET GROUP(S) DO YOU INTEND TO PROVIDE EMPLOYMENT FOR UNDER THE CSP PROGRAMME?	<table border="1"> <thead> <tr> <th data-bbox="719 1267 1291 1402">Target Group</th> <th data-bbox="1291 1267 1425 1402">Tick ✓ (select one or more)</th> </tr> </thead> <tbody> <tr> <td data-bbox="719 1402 1291 1599">Long-term unemployed persons in receipt of Jobseekers Benefit (JB), Jobseekers Assistance (JA), One Parent Family Payment (OPF), Jobseeker Transitional Payment (JTP)</td> <td data-bbox="1291 1402 1425 1599"></td> </tr> <tr> <td data-bbox="719 1599 1291 1747">People in receipt of Disability Allowance (DA), Invalidity Pension, Blind Persons Pension or other Disability Benefit</td> <td data-bbox="1291 1599 1425 1747"></td> </tr> <tr> <td data-bbox="719 1747 1291 1895">Travellers in receipt of Jobseekers Benefit, Jobseekers Assistance or One Parent Family Payment</td> <td data-bbox="1291 1747 1425 1895"></td> </tr> <tr> <td data-bbox="719 1895 1291 1944">Stabilised and recovering drug mis-users</td> <td data-bbox="1291 1895 1425 1944"></td> </tr> </tbody> </table>		Target Group	Tick ✓ (select one or more)	Long-term unemployed persons in receipt of Jobseekers Benefit (JB), Jobseekers Assistance (JA), One Parent Family Payment (OPF), Jobseeker Transitional Payment (JTP)		People in receipt of Disability Allowance (DA), Invalidity Pension, Blind Persons Pension or other Disability Benefit		Travellers in receipt of Jobseekers Benefit, Jobseekers Assistance or One Parent Family Payment		Stabilised and recovering drug mis-users																								
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		<b>People employed from Tus, Community Employment (CE), and Job Initiatives (JI) schemes</b>	
		<b>Former RSS workers, previously CE participants</b>	
		<b>People with convictions who are in contact with the Probation Service</b>	
		<b>Immigrants, legally allowed to work in Ireland, who are in receipt of jobseeker's payments or One Parent Family Payment</b>	
		<b>Other – please specify</b>	

## SECTION 3

### Disclaimers

#### **Please read carefully**

By submitting the expression of interest to the Department of Rural and Community Development in respect of the Community Services Programme, the Board of Directors/Management Board declare that the information provided is true and complete to the best of their knowledge and belief.

The Board of Directors/Management Board acknowledges that by submission of this expression of interest that no commitment is created between the organisation and the Department of Rural and Community Development. The Board of Directors/Management Board accepts that submission does not constitute an application for funded to the Department of Rural and Community Development. The Board also understands that information supplied in, or accompanying, this application may be made available on request under the Freedom of Information Acts 2014

The Board of Directors/Management Board also accepts that the Department may make enquiries with other agencies and Departments in respect of any information provided in this application.

#### **Disclosure under the Freedom of Information Act**

The Department of Rural and Community Development reminds organisations that the information contained in the application form and any documentation supplied may be released, on request, to third parties, in accordance with the Department's obligations under the Freedom of Information Act 2014.

Information considered sensitive by your board should be excluded from this document. All information supplied will be considered to be non-sensitive and available for release by the Department of Rural and Community Development.

#### **Data Protection Declaration**

The applicant must declare acceptance of Data Protection provisions in relation to an application for funding under the Community Services Programme.

All data supplied will be processed in accordance with the General Data Protection Regulation 2018.

The Board of Directors/Management Board gives permission that the information contained in this application form, the accompanying documentation and all subsequent documentation submitted regarding this application, may be made available to the Pobal



## ***Disclaimer***

### **Please read carefully:**

It will be a condition of any expression of interest to the Department of Rural and Community Development in respect of the Community Services Programme that:

- i. The Department of Rural and Community Development shall not be liable to the body submitting the expression of interest or any other party in respect of any loss, damage or costs of any nature arising directly or indirectly from:
  - a) the subject matter of the expression of interest
  - b) The rejection for any reason of any of the expression of interest.

The Department of Rural and Community Development and their servants or agents shall not, at any time, in any circumstances be held responsible or liable in relation to any matter whatsoever arising in connection with this application for funding.

**SECTION 4  
SUBMISSION OF EXPRESSION OF INTEREST**

By submitting this expression of interest and completing this section the Board of Directors/Management Board acknowledges that they have read, understood and accepted the above points.

BOARD MEMBER/DIRECTOR	Signature
	Print name
CEO/MANAGER/AUTHORISED OFFICER	Signature
	Print name
Date submitted	

**CONTACTS**

<b>PRIMARY CONTACT INFORMATION</b> NOMINATE THE PERSON WHO CAN BE CONTACTED IN RELATION TO THIS APPLICATION.	Name of contract person	
	Job Title/Role within the Organisation	
	Main Phone Number	
	Mobile Phone Number	
	E-Mail Address	
<b>ALTERNATIVE CONTACT PERSON</b> NOMINATE THE PERSON WHO CAN BE CONTACTED IN RELATION TO THIS APPLICATION.	Name of contract person	
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	Mobile Phone Number	
	E-Mail Address	
<b>ADMINISTRATIVE ADDRESS OF ORGANISATION</b>	Line 1	
	Line 2	
	Line 3	
	County	
	Eircode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>REGISTERED ADDRESS (IF DIFFERENT FROM ABOVE)</b>	Line 1	
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	Line 3	
	County	
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