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| COMMUNITY SERVICES PROGRAMME  **Clár Sheirbhísí Pobail** |
|  |
| EXPRESSION OF INTEREST  FORM |

**MAY 2017**

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| **SECTION 1** | | **DESCRIPTION OF THE ORGANISATION** | | |
| **1.1** | Legal name of company/applicant(as registered with the CRO or otherwise) | |  | |
| 1.2 | BUSINESS OR TRADING NAME(if different from above) | |  | |
| 1.3 | legal form of your organisation? | | |  |  |  | | --- | --- | --- | | Type of organisation | Tick ✓  (select one) | | | 1. **Company Limited by Guarantee not having a Share Capital** | |  | | 1. **Friendly/Industrial Provident Society** | |  | | 1. **Other (Please specify below)** | |  | | |
| 1.4 | financial overview of YOUR organisation (please provide actual figures for 2016 and estimates for 2017  Details need to be provided and accompanied by latest annual financial statement for the company | | |  |  |  |  | | --- | --- | --- | --- | | INCOME | Value | | | | 2016 | | Current | | Public funds – revenue | **€** | **€** | | | Public funds – capital | **€** | **€** | | | Income from service provision ) | **€** | **€** | | | Donations + Fundraising | **€** | **€** | | | Other – not defined above | **€** | **€** | | | **Total** | **€** | | **€** |  |  |  |  |  | | --- | --- | --- | --- | | Expenditure | Value | | | | 2016 | 2017 | | | Wages | **€** | **€** | | Service inputs | **€** | **€** | | Overheads - utilities | **€** | **€** | | Administration | **€** | **€** | | Other – not defined above | **€** | **€** | | **Total** | **€** | **€** | | | |
| 1.5 | IF your organisation is PUBLICLY FUNDED or supported BY PUBLIC GRANTS – please Specify the PROGRAMME(S) and the annual value of the fund Details need to be provided or marked Nil. | | |  |  |  |  | | --- | --- | --- | --- | | Programme/Department or agency | Status\* | GRANT VALUE | | |  | 2016 | 2017 | |  |  | **€** | **€** | |  |  | **€** | **€** | |  |  | **€** | **€** | |  |  | **€** | **€** | |  |  | **€** | **€** | |  |  | **€** | **€** | | **TOTAL PUBLIC FUNDS RECEIVED** | | **€** | **€** |   \* Annual/recurring/once-off | |
| 1.6 | CRO & CHY REGISTRATION NUMBERS | | CRO No: | CHY No: |
| 1.7 | WEB ADDRESS | |  | |

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| **SECTION 2** | | **DESCRIPTION OF SERVICES** | |
| 2.1 | outline the purpose of your body/organisation | |  |
| 2.2 | what best describes the services provided BY YOUR ORGANISATION? | | |  |  |  |  | | --- | --- | --- | --- | | Type of organisation | Tick ✓  (select one or more) | | | | **Administration services to other bodies/persons** | |  | | **Business & IT services** | |  | | **Catering/food service, meals on wheels** | |  | | **Community resource centre/facility** | |  | | **Education, training, personal development** | |  | | **Enterprise centre** | |  | | **Environmental/area enhancement** | |  | | **Furniture recovery/repaid** | |  | | **Heritage** | |  | | **Home insulation** | |  | | **Media – broadcast/digital/paper** | |  | | **Older people services** | |  | | **Recycling** | |  | | **Services for people with disabilities** | |  | | **Sporting & leisure facilities** | |  | | **Tourism** | |  | | **Transport** | |  | | **Youth related services** | |  | | **Other - specify** | |  | | **Other – specify** | |  | |
| 2.3 | What is the catchment area for the services provided (IF national, indicate if all areas of the country are covered)? | |  |
| 2.4 | PLEASE STATE THE PHYSICAL LOCATION(S) AT WHICH SERVICES ARE DELIVERED? | |  |
| 2.5 | what service is proposed for csp support? | |  |
| 2.6 | how does the service generate a traded income? | |  |
| 2.7 | How long has your organisation been delivering this service? | |  |
| 2.8 | what needs are being met by the service and how were the needs identified? Who will benefit from the service? | |  |
| 2.9 | how is the proposed CSP service currently resourced, including staff (paid and unpaid)? | |  |
| 2.10 | what is the revenue generation capcity and costs of the proposal? | | |  |  |  |  | | --- | --- | --- | --- | | PROPOSED SERVICE | Value | | | | 2016 | | 2017 | | **INCOME** |  |  | | | Fees/charges | **€** | **€** | | | Other financing | **€** | **€** | | | TOTAL financing | **€** | **€** | | | **COST** | **€** | **€** | | | Wages | **€** | **€** | | | Service/input costs | **€** | | **€** | | TOTAL costs | **€** | | **€** | | Surplus/deficit | **€** | | **€** | |
| 2.11 | what level of Staffing support is being sought from the csp? | |  |
| 2.12 | what type of staffing roles are envisaged using the CSP contribution? | |  |
| 2.13 | What target group do you intend to provide employment for under the csp programme? | |  |

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| **SECTION 3** **Disclaimers** |
| **Please read carefully**  By submitting the expression of interest to the Department of Social Protection 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 Social Protection. The Board of Directors/Management Board accept that submission does not constitute an application for funded to the Department of Social Protection. 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 form.  **Disclosure under the Freedom of Information Act**  The Department of Social Protection reminds organisations that the information contained in the 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 Social Protection.  Disclaimer  **Please read carefully:**  It will be a condition of any expression of interest to the Department of Social Protection in respect of the Community Services Programme that:   1. The Department of Social Protection 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.   1. The Department of Social Protection 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 EOI. |

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| **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 |  |

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| **Contacts** | | |
| **Primary Contact Information**  Nominate the person who can be contacted in relation to this EOI. | **Name of contract person** |  |
| **Job Title/Role within the Organisation** |  |
| **Main Phone Number** |  |
| **Mobile Phone Number** |  |
| **E-Mail Address** |  |
| **Alternative Contact Person**  Nominate the person who can be contacted in relation to this EOI | **Name of contract person** |  |
| **Job Title/Role within the Organisation** |  |
| **Main Phone Number** |  |
| **Mobile Phone Number** |  |
| **E-Mail Address** |  |
| **ADMinstrative Address of organisation** | **Line 1** |  |
| **Line 2** |  |
| **Line 3** |  |
| **County** |  |
| **Eircode** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |
| **Registered address (if different from above)** | **Line 1** |  |
| **Line 2** |  |
| **Line 3** |  |
| **County** |  |
| **Eircode** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | |