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Description automatically generated

**Application Form**

**1. Lead applicant details**

|  |  |
| --- | --- |
| Name of lead Applicant: | Click or tap here to enter text. |
| Organisation name: | Click or tap here to enter text. |
| Organisation type (e.g. NGO, Statutory etc): | Click or tap here to enter text. |
| Bereavement service provided (e.g. peer support etc): | Click or tap here to enter text. |
| Service’s target population (e.g. bereaved parents, suicide, bereaved etc.): | Click or tap here to enter text. |
| Lead applicant’s job title: | Click or tap here to enter text. |
| Work Address: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

**2. Co-applicant details**

|  |  |
| --- | --- |
| Organisation name: | Click or tap here to enter text. |
| Organisation type (e.g. NGO, Statutory etc): | Click or tap here to enter text. |
| Bereavement service provided (e.g. peer support etc): | Click or tap here to enter text. |
| Service’s target population (e.g. bereaved parents, suicide, bereaved etc.): | Click or tap here to enter text. |
| Name of applicant: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |

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| --- | --- |
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| Organisation type (e.g. NGO, Statutory etc): | Click or tap here to enter text. |
| Bereavement service provided (e.g. peer support etc): | Click or tap here to enter text. |
| Service’s target population (e.g. bereaved parents, suicide, bereaved etc.): | Click or tap here to enter text. |
| Name of applicant: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |

|  |  |
| --- | --- |
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| Service’s target population (e.g. bereaved parents, suicide, bereaved etc.): | Click or tap here to enter text. |
| Name of applicant: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |

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| Bereavement service provided (e.g. peer support etc): | Click or tap here to enter text. |
| Service’s target population (e.g. bereaved parents, suicide, bereaved etc.): | Click here to enter text. |
| Name of applicant: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |

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| --- | --- |
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| Service’s target population (e.g. bereaved parents, suicide, bereaved etc.): | Click or tap here to enter text. |
| Name of applicant: | Click or tap here to enter text. |
| Job Title: | Click or tap here to enter text. |

**3. Details of the collaborating group**

|  |  |
| --- | --- |
| Please provide a brief description of your group (include purpose, development, name, if applicable etc) | Click or tap here to enter text. |
| How long is the group established? | Click or tap here to enter text. |

**4. Eligibility criteria**

Does your application meet all of the eligibility criteria outlined below ?

□Yes □ No

|  |
| --- |
| A minimum of six organisations in the group |
| All organisations provide some level of bereavement support to adults and/or families (e.g. information, peer support, counselling etc). |
| All organisations operate within the geographical area that is the focus of this application |
| At least 50% of the organisations in the group are non-governmental organisations |
| All organsiations demonstrate transparent governance and NGOs are registered with the Charity Regulator |
|  |

**5. Project Details**

|  |  |
| --- | --- |
| Project title | Click or tap here to enter text. |
| Start date of project | Click or tap here to enter text. |
| Projected finish date | Click or tap here to enter text. |
| Geographical region the project/activity is located in? (e.g. county or CHO area) | Click or tap here to enter text. |
| Identified need | Click or tap here to enter text. |
| Project aim (i.e. how will the project activity meet the identified need) | Click or tap here to enter text. |
| Planned activity / plan | Click or tap here to enter text. |
| How will you assess the success or impact of the activity (include how you will assess and report the specific outcomes you hope to achieve through the activity)? | Click or tap here to enter text. |
| Have you identified any risks in the activity? If yes, please specify and how they will be addressed? | Click or tap here to enter text. |

**5b.What target group will benefit from this activity?**

Tick as many that apply

|  |  |
| --- | --- |
| General public | . |
| All bereaved people |  |
| Specific bereaved groups (please specify) |  |
| Bereaved older adults |  |
| Bereaved parents |  |
| Bereaved by a death during COVID |  |
| Bereaved by a COVID death |  |
| Bereaved through suicide |  |
| Bereaved through homicide |  |
| Bereaved through a road traffic collision |  |
| Bereaved through chronic illness |  |
| Cohort identified for complex or prolonged grief |  |
| Other specific group (please specify) |  |
| Staff / volunteers |  |
| Other (please specify |  |

**5c. Please indicate the activity that best describes the subject of this application?**

|  |  |
| --- | --- |
| Public awareness campaign | . |
| Educational event for the public |  |
| Educational event for staff and/or volunteers |  |
| Networking event |  |
| Other (please specify |  |

**6. Budget**

|  |  |  |
| --- | --- | --- |
| **Activity** | | **Cost (€)** |
| Click here to enter text. | | Click or tap here to enter text. |
| Click here to enter text. | | Click or tap here to enter text. |
| Click here to enter text. | | Click or tap here to enter text. |
| Click here to enter text. | | Click or tap here to enter text. |
| Click here to enter text. | | Click or tap here to enter text. |
| Click here to enter text. | | Click or tap here to enter text. |
| Click here to enter text. | | Click or tap here to enter text. |
| Total cost of Project:  Click or tap here to enter text. | Amount of Local Bereavement Development Grant requested (max €1000):  Click or tap here to enter text. | Shortfall:  Click or tap here to enter text. |
| How has your group committed to meeting the shortfall (if applicable)?  Click or tap here to enter text. | | |
| What resources do you need other than money (e.g. time, personnel, expertise)?  Click or tap here to enter text. | | |

Thank you for completing this application.

Please contact [amanda.roberts@hospicefoundation.ie](mailto:amanda.roberts@hospicefoundation.ie) to submit

**Closing date for applications is Friday 29th October 2021**