|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sustaining Tenancies Fund – Expression of Interest Form | | | | |
| **Before completing this form you should carefully read the following sections of the Sustaining Tenancies Fund - Tranche 2 Information Sheet; ‘Who can apply?’, ‘Priority Action Areas’ and ‘What we can and cannot fund’. Please also review the completion guidance for this form.** | | | | |
| Project Details | | | | |
| **Project Title:** | | | | |
| **Are you applying for continuation funding for a project currently / previously funded through the Sustaining Tenancies Grant Funding Programme? If yes, please provide details of the total previous funding award and project end date.** | | | | |
| **Please briefly describe the funding priority area(s) your project seeks to address and provide an overview of your intended approach. [200 words maximum]** | | | | |
| **How have you established / gathered evidence of the need for this project? [200 words maximum]** | | | | |
| **How many Housing Executive tenants will benefit from the project, and what geographical area will be covered? [200 words maximum]** | | | | |
| **How do you plan to reach Housing Executive tenants for your project and how will you ensure project beneficiaries are exclusively Housing Executive tenants? [200 words maximum]** | | | | |
| **How will Housing Executive tenants’ benefit, and when/for how long will they experience these benefits? [200 words maximum]** | | | | |
| **Please demonstrate the link between the outcomes of the project and any of the priority action areas [200 words maximum]** | | | | |
| **What is the estimated duration of your project in months?** | | | |  |
| **What is the estimated total cost of the proposed project?** | | | | **£** |
| **How much grant are you seeking from the Sustaining Tenancies Fund?** | | | | **£** |
| **Provide detail of funding/ funding which has been applied for from other sources for this Project (e.g. any other Housing Executive funding streams, DfC, CFNI, Housing Association)**   |  |  |  | | --- | --- | --- | | **Name of Funder:** | **Amount applied for:** | **Status:** | |  |  |  | |  |  |  | |  |  |  | | | | | |
| Organisation Details | | | | |
| **Name of group/ organisation** | |  | | |
| **Name of the main contact person and their position within organisation**  Please complete giving business (not personal) contact details. | | *Name* |  | |
| *Position* |  | |
| *Telephone* |  | |
| *Mobile* |  | |
| *Email* |  | |
| *Website* |  | |
| **Are you aware of any conflict(s) of interest?** If yes, please provide details  (For example, please state if any project member would benefit commercially from the project) | | | | |
| **Is the group constituted?**  If yes, please provide a copy of your constitution document | | | | **Yes / No** |
| **Is the group in receipt of any other NIHE funding e.g Supporting People, Community Safety etc?**  If yes, please provide details below | | | | **Yes/No** |
| **Is the group a registered Charity?**  If yes, please provide your NI Charity Commission number | | | | **Yes / No** |
| **Will your project involve working with children and/or adults at risk of harm?** If yes, please provide a copy of your organisation’s relevant Safeguarding Policies | | | | **Yes / No** |
| Declaration | | | | |
| I confirm that all the information contained within this Expression of Interest for the Sustaining Tenancies Grant Fund is accurate, and that I am authorised to apply for funding on behalf of the Organisation. | | | | |
| **Name of person completing this form** |  | | | |
| **Signature of person completing this form** |  | | | |
| **Position in organisation** |  | | | |
| **Date** |  | | | |
| Required Documents Checklist | | | | |
| In addition to completion of this form, the following documents will be required before any Expression of Interest can be considered for progression to the Full Application and Project Pitch stage;   * Certified copy of your organisation’s most recent audited accounts * Your organisational Business Plan if you have one (\*for grant applications over £20,000 only\*) * A copy of your Constitution document (if applicable) * A copy of your Safeguarding Policies (if applicable) | | | | |
| PLEASE RETURN THIS FORM, ATTACHING ALL RELEVANT DOCUMENTATION, TO;  [SustainingTenancies@nihe.gov.uk](mailto:SustainingTenancies@nihe.gov.uk) | | | | |