



**ASSETS RECOVERY COMMUNITY SCHEME (ARCS)**

**Application Form**

 **ARCS Scheme (1 Oct 2022 to 31 March 2023 and 1 Apr 2023 to 31 Mar 2024)**

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| **Part 1: Applicant Details** |  |
| **Name of Applicant / Organisation:** |  |
| **Title of Project/Proposal:** |  |
| **Main contact for application –**  | **Name:** |
|  | **Telephone number:** |
|  | **Email address:** |
| **Type of Organisation/Group:****(delete or advise as appropriate)** | **Community/Voluntary Group** **Registered charity** **Partnership Application****Statutory organisation** **Other (please specify) :** |
| **Is the project lead a fully constituted group?** **(delete as appropriate)****If no, what is its status?** | **Yes / No** |
| **Registered Address:** |  |
| **Council area in which the Project will operate?** |  |
| **How long has the organisation been in existence? (if less than 12 months please supply a reference from an established organisation/body)** |  |
| **Have you previously applied for funding from ARCS or from the Department of Justice for this or any other project?****(delete as appropriate)** | **Yes / No** **If yes, please give details.** |

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| **Part 2: About the proposal** |
| **2.1 What does this proposal aim to do for the benefit of victims, communities, the environment, or any combination of these categories?** Provide a brief description of the key elements including any specific issues and problems it hopes to address. (500 words max) - ***(Please refer to the Guidance notes for more information)*** |
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| **2.2 How does the proposal meet the ARCS *essential* funding criteria?**Describe how the project will meet the ARCS essential funding criteria – **to prevent crime and/or reduce the fear of crime.** (500 words max) - ***(Please refer to the Guidance notes for more information)*** |
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| **2.3 Does the proposal meet the ARCS *desirable* funding criteria i.e. it aligns with:*** **The draft Programme for Government outcome *“Everyone feels safe – we all respect the law and each other”***
* **The Northern Ireland Organised Crime Strategy 2021 – 2024**

Where applicable, briefly describe how the proposal will help support the objectives and outcomes. (Up to 300 words max). ***(Please refer to the Guidance notes for more information)*** |
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| **2.4 Outline Implementation Plan at Appendix 1.** Please outline in Appendix 1 what will be achieved, who will benefit, and how? |

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| **Part 3: Funding to deliver the proposal?** |
| **3.1 Please indicate the total amount you are applying for?** (See Guidance Notes)**2022/23 (up to 6 months) £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (£10k maximum)****2023/24 (up to 12 months) £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (£25k maximum)****TOTAL £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_****It is possible to apply for only one of the periods.****The maximum available if applying over both periods is £35k.****Please only apply for funding for the period you can deliver the project.****Funding will be released on confirmation of project plans proceeding and where applicable satisfactory progress reports for the previous period.** |
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| **3.2 Over what period do you intend to deliver the project?** If successful, expenditure can only be incurred after a letter of offer (detailing the funding award and any associated conditions) has been signed and returned to the Department. 31st Mar 2024 is the final date for eligible expenditure. |
| Start date:DD/MM/YYYY | End date:DD/MM/YYYY |
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| **3.3 Please complete the project budget profile at Appendix 2.** **Please note that you must provide a breakdown of funding requirements over both periods if required.**  |
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| **3.4 Please indicate if funding has been secured or applied for from other funding sources for this or a similar project – Yes/No?**If **yes**, please provide details:**2022/23 (up to 6 months) £****2023/24 (up to 12 months) £****TOTAL £** |
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| **3.5 Is your organisation registered on the Government Funding Database (GFD) – Yes/No?**If **yes**, please provide the URN –  |
| **Part 4: Monitoring and Evaluation** |
| **4.1 Briefly set out financial control and accountability arrangements for the funding, should the application be successful.**  |
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| **4.2 Briefly set out how you will measure success (proportionately) should the application be successful.**  |

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| **Appendix 1 (a) – ARCS Scheme 2022/23 (up to 6 months)** |
| **ARCS OUTLINE IMPLEMENTATION PLAN** | **FINANCIAL YEAR:** | **2022/23** |

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| **Performance measures**e.g. how much will we do; how many beneficiaries will there be? | **Impact/benefit**e.g. will anyone be better off? how will they benefit?; what other benefits will there be? | **Ownership**  | **Timeline** |
| 1. |  |  |  |
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(Add more rows if necessary)

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| **Appendix 1 (b) – ARCS Scheme 2023/24 (up to 12 months)** |
| **ARCS OUTLINE IMPLEMENTATION PLAN** | **FINANCIAL YEAR:** | **2023/24** |

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| **Performance measures**e.g. how much will we do; how many beneficiaries will there be? | **Impact/benefit**e.g. will anyone be better off? how will they benefit?; what other benefits will there be? | **Ownership**  | **Timeline** |
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(Add more rows if necessary)

**Appendix 2 (a) – ARCS Scheme 2022/23 (up to 6 months)**

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| **ARCS PROJECT BUDGET PROFILE** | **FINANCIAL YEAR:** | **2022/23** |

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| **Project Title** |  |
| **Budget Heading / expenditure category** | **Description or further breakdown of costs** | **Amount £** |
| e.g. training / delivery costs  | X beneficiaries @£x per person  | £ |
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| **Total** |  |  |

**Appendix 2 (b) – ARCS Scheme 2023/24 (up to 12 months)**

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| **ARCS PROJECT BUDGET PROFILE** | **FINANCIAL YEAR:** | **2023/24** |

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| --- | --- |
| **Project Title** |  |
| **Budget Heading / expenditure category** | **Description or further breakdown of costs** | **Amount £** |
| e.g. training / delivery costs  | X beneficiaries @£x per person  | £ |
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| **Total** |  |  |

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| **Part 5: Declaration** |
| To be completed by the person responsible for the implementation of the project to whom further correspondence will be addressed. **(Print and scan this page and submit with completed application form)** |
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| On behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I hereby declare that the information provided is true and complete to the best of my knowledge. I will ensure that data is submitted in the appropriate form as requested by the Department and within any stipulated timeframe/ period of the project. I will ensure all receipts and expenditure information are retained for verification. I will inform the Department of any future funding received that reduces the need for ARCS funding for this project.  |
| Name (PRINT) |  |
| Signature |  |
| Role |  |
| Date |  |

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| **Signature of the Chair or Finance Officer / Treasurer for the Group or Management Committee** |
| Name (PRINT) |  |
| Signature |  |
| Role |  |
| Date |  |

Please return completed application form by 5pm on Thursday 1st September 2022 to:

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| Email: OCB.enquiries@justice-ni.gov.uk |