

Local Bereavement Development Grants



Application Form

1. Lead applicant details

Name of lead Applicant:	
Organisation name:	
Organisation type (e.g. NGO, Statutory etc):	
Bereavement service provided (e.g. peer support etc):	
Service's target population (e.g. bereaved parents, suicide, bereaved etc.):	
Lead applicant's job title:	
Work Address:	
Phone Number: (08XXXXXXXX)	
Email:	

2. Co-applicant details

Organisation name:	
Organisation type (e.g. NGO, Statutory etc):	
Bereavement service provided (e.g. peer support etc):	
Service's target population (e.g. bereaved parents, suicide, bereaved etc.):	
Name of applicant:	
Job Title:	

Organisation name:	
Organisation type (e.g. NGO, Statutory etc):	
Bereavement service provided (e.g. peer support etc):	
Service's target population (e.g. bereaved parents, suicide, bereaved etc.):	
Name of applicant:	
Job Title:	

Organisation name:	
Organisation type (e.g. NGO, Statutory etc):	
Bereavement service provided (e.g. peer support etc):	

Service's target population (e.g. bereaved parents, suicide, bereaved etc.):	
Name of applicant:	
Job Title:	

Organisation name:	
Organisation type (e.g. NGO, Statutory etc):	
Bereavement service provided (e.g. peer support etc):	
Service's target population (e.g. bereaved parents, suicide, bereaved etc.):	
Name of applicant:	
Job Title:	

Organisation name:	
Organisation type (e.g. NGO, Statutory etc):	
Bereavement service provided (e.g. peer support etc):	
Service's target population (e.g. bereaved parents, suicide, bereaved etc.):	
Name of applicant:	
Job Title:	

3. Details of the collaborating group

Please provide a brief description of your group (include purpose, development, name, if applicable etc)	
How long is the group established?	

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 organisations demonstrate transparent governance and NGOs are registered with the Charity Regulator

5a. Project Details

Project title	
Start date of project	
Projected finish date	
Geographical region the	

project/activity is located in? (e.g. county or CHO area)	
Identified need	
Project aim (i.e. how will the project activity meet the identified need)	
Planned activity / plan	
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)?	
Have you identified any risks in the activity? If yes, please specify and how they will be addressed?	

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

Tick as many that apply

General public	<input type="checkbox"/>
All bereaved people	<input type="checkbox"/>
Specific bereaved groups (please specify)	<input type="checkbox"/>
Bereaved older adults	<input type="checkbox"/>
Bereaved parents	<input type="checkbox"/>
Bereaved by a death during COVID	<input type="checkbox"/>
Bereaved by a COVID death	<input type="checkbox"/>
Bereaved through suicide	<input type="checkbox"/>

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

Thank you for completing this application.

Please contact bereavementdevelopment@hospicefoundation.ie to submit

Closing date for applications is Friday 29th November 2024

