



NACD

National Advisory
Committee on Drugs



National Advisory Committee on Drugs

Community/Voluntary Sector Research Grant

Application Form

(Please read *Information for Applicants* before completing this form)

Section A: Details of your group/organisation

1. What is the name of your group/organisation?

2. How can we contact you?

Address _____

Telephone _____ Fax _____

E-mail _____

3. What is the name of the person in your group/organisation who will be responsible for your research project?

4. Tell us about your group/organisation?

(e.g. when was it formed, what it was formed to do, what community it serves, what kinds of activities it is currently involved in, what knowledge you have of drug issues, previous experience of conducting research.)

Please feel free to enclose any leaflets, booklets, or reports which you feel will help us get a better picture of what you do.

(please attach extra sheets if necessary)

NO. OF EMPLOYEES (FTEs) _____ NO. OF VOLUNTEERS _____

MAIN SOURCE(S) OF FUNDING _____

GROUP TAX No. _____ (IF APPLICABLE) GROUP CHARITY (CHY) No. _____ (IF APPLICABLE)

5. Is your organisation legally constituted?

Yes No

If **no**, please note that we will not be able to make any payments directly to you. If you are successful with your application you will have to find a local agency (e.g. Partnership; Health Board, VEC) to hold the money for you. Please contact us if you want some help to sort this out.

If **yes**, please send us:

- a copy of your constitution and/or articles and memorandum of association
- a list of responsible officers together with details of the areas for which they are responsible (e.g chair, treasurer, secretary)
- details about the type of group/organisation you are (e.g. charity, voluntary organisation, co-operative etc.).

Section B: Details of your research proposal

1. Which category of the NACD's work programme does your proposal fit into?

Please select one area of relevance only, even though your proposal may cut across a number of areas.

- PREVENTION
- PREVALENCE
- TREATMENT/REHABILITATION
- CONSEQUENCES OF PROBLEM DRUG USE
- EMERGING TRENDS

2. Please outline the type of research work that you would like to do.

PROJECT TITLE

PROJECT SUMMARY (INCLUDE AIMS, OBJECTIVES, LENGTH OF TIME NEEDED TO DO THE RESEARCH, OUTCOME)

(please attach extra sheets if necessary)

**3. How will you gather the information needed for this research?
(Please describe where you will get your information and how you will access your sources)**

4. What benefit will your research findings be to your organisation/community?

5. What benefit will your research findings be to the NACD's programme of work?

Section C: Support Networks

1. Will your organisation conduct this research
 or, will you be employing/working with a research specialist

2. Have you considered working with any local organisations/agencies to conduct this research?

Yes No

If **yes**, Who? How would you envisage working with them?

NAME OF GROUP/ORGANISATION	HOW WOULD YOU WORK WITH THEM?

3. Have you talked and/or written to any of these organisations/agencies about working together on this this research project?

Yes No

If **yes**, please attach a letter of support.

4. Have you talked to your Local/Regional Drug Task Force and/or Health Board/Authority about this research project?

Yes No

If **yes**, please attach a letter of support.

If you need help to make these contacts please call us and we will help you.

Section D: Money and Resources Required

1. What additional resources will you need to carry out this project? How much will they cost? (e.g. paying staff/volunteers/consultant, equipment costs, telephone, photocopying, training, travel, buying in help from another organisation, management costs etc.). At this stage we are looking for your best estimate as costings can only be finalised when your research proposal is fully developed.

DESCRIPTION OF ITEM	COST IN IRISH POUNDS	COST IN EURO *
Total Amount	£IR	€

* TO CALCULATE COST IN EURO DIVIDE THE IRISH AMOUNT BY .787564
THEN ROUND OFF TO TWO DECIMAL PLACES

PLEASE CONTACT THE NACD IF YOU NEED ANY HELP WITH THIS SECTION OF THE FORM.

Signature of the head of your Group/Organisation

Print Name _____

Signature _____

Position in group/organisation _____

Date _____

CHECKLIST (where applicable)

INFORMATION ON YOUR ORGANISATION

(A:4 LEAFLETS, BOOKLETS, REPORTS)

DETAILS OF YOUR ORGANISATION

(A:5 – CONSTITUTION, ARTICLES AND MEMORANDUM OF ASSOCIATION, LIST OF OFFICERS)

LETTERS OF SUPPORT

(C:3 and C:4)

PLEASE NOTE SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SEND US A COPY OF THEIR LATEST AUDITED ACCOUNTS AND PRODUCE A TAX CLEARANCE CERTIFICATE WHERE THIS IS APPLICABLE

Please return completed application form by post to:

Aileen O’Gorman,
Research Officer,
National Advisory Committee on Drugs
3rd Floor, Shelbourne House,
Shelbourne Road,
Ballsbridge,
Dublin 4

Or by email to: info@nacd.ie

This form must be returned by **4.00pm on Friday 1st February 2002**

Forms received after this date will not be considered.

Please mark the outside of the envelope
Community/Voluntary Sector Research Grant Scheme.

You can get more information and help with completing this form by calling the NACD on (01) 667 0760 Monday - Friday 10.00am - 4.00pm from now until the closing date.