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SOCIAL INCLUSION COMMUNITY ACTIVATION PROGRAMME (SICAP) 2024 - 2028

EXPRESSION OF INTEREST FORM

to Bray & North Wicklow Area Partnership (BNWAP) for inclusion on the panel with respect to potential subcontracting arrangements for the provision of specified SICAP supports and services to eligible target groups in the Bray North area in 2026.

December 2025

The Expression of Interest Form, fully completed, in hard copy format, to be returned to Bray & North Wicklow Area Partnership, the Boulevard, Quinsborough Road, Bray, Co. Wicklow or in electronic format to chairperson@bnwap.ie quoting SICAP Expression of Interest Form, no later than 5pm Monday 15th December 2025. Late submissions will not be considered. This call for submissions of interest does not oblige BNWAP to enter into subcontracting arrangements with any organisation.

SECTION 1 APPLICANT DETAILS

1.1	Legal name of organisation (as registered with the				
	CRO or otherwise)				
1.2	Business or trading name if different from the above				
1.3	When was the organisation established				
1.4	Legal form of the	Type of organisation Please Company Limited by Guarantee not			
	organisation				
		having a Share Capital			
		Friendly/Industrial Pro			
		Other form, please spe	cify		
1.5	Financial overview of				l
	the organisation (audited accounts to be	Income Amoui		ount 2025	
	submitted for 2024.	Public Funds (revenue)	€	€	
		Public Funds (capital)	€	€	
		Income from service	€	€	
		provision			
		Donation & fundraising	€	€	
		Other			
		TOTAL	€	€	
		Expenditure		ount	
		Caladaal	2024	2025	
		Salaries/wages	€	€	
		Overheads/utilities	€	€	
		Programme costs	€	€	
		Administration	€	€	
		Other TOTAL	€	€	
		TOTAL	٤	6	
		<u> </u>			1

1.6	Information on public			
	funding received by the organisation from	Dept. & Related Programme	An	nount
			2024	2025
	Government Depts.		€	€
	and state agencies or		€	€
	related bodies		€	€
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
			€	€
1.7	CRO Number			
1.8	CHY number			
1.9	WEB Site Address			
1.10	Outline the purpose of the organisation			
1.11	List the facilities and resources available to the organisation including staff, buildings, learning & development programmes and other related facilities			

SECTION 2 DETAILS OF SUPPORT & SERVICE PROVISION

2.1	Provide details of the type of supports and services delivered by the organisation. This should include the purpose of the supports and services delivered and target groups engaged	
2.2	Outline any previous experience or involvement with work associated with SICAP	
2.3	Set out the achievements of the organisation including quantitative and qualitative data related to the work/activities undertaken	

2.4	List any collaborations involved in the work undertaken by the organisation	
2.5	Outline the type of supports and services that the organisation would intend to provide to eligible target groups through SICAP funded subcontracting arrangements	
2.6	List the set of resources that will be made available in delivering such supports and services including staffing; buildings, programmes and other facilities	
2.7	Set out the expected outputs and outcomes to be achieved through the proposed work to be undertaken and how this will be recorded	

Section 3 SUBMISSION OF EXPRESSION OF INTEREST

By submitting this Expression of Interest Form to BNWAP for inclusion on the panel with respect to potential subcontracting arrangements for the provision of specified SICAP supports and services to eligible target groups in the Bray North area the organisation declares that the information provided is true and complete to the best of its knowledge and belief.

In addition, the organisation is aware that by submitting this Expression of Interest Form no commitment is enacted between the organisation and BNWAP or indicates an agreement for any subcontracting arrangements.

Information contained in this application form may be released, on request, to third parties in accordance with BNWAP's obligations under the Freedom of Information acts 2014.

By submitting this Expression of Interest Application form the organisation acknowledges that it has read, understood and accepted the information listed above.

Board member/Director	Signature:
Authorised staff member	Signature

Organisation Contact Persons				
Primary Contact Information	Name of contact person			
Person nominated for	Job title/role in			
contact purposes concerning	organisation			
the application.	Telephone number			
	E-mail address			
Primary Contact Information	Name of contact person			
Person nominated for	Job title/role in			
contact purposes concerning	organisation			
the application.	Telephone number			
	E-mail address			
Organisation Address	Line 1			
	Line 2			
	Line 3			
	County			
	Eircode			