



Lot*: _____ LDC Staff Member: _____

(Specify LOT if you operate in more than one area)

LCG Name: _____

Date of Registration Meeting* : _____ / _____ /20_____

1. Contact Details

First Name*: _____ Mobile No: _____

Last Name*: _____ Phone No: _____

Job Title/Role*: _____ Email: _____

Consent for future contact for surveys/evaluation? Yes No

Address*: _____

_____ Eircode: _____

2. LCG Details

LCG Type*: Agriculture/fishing Community/area focus Cultural, sport & recreation
 Health & wellbeing Target group focus

Gender based group*: Men Women No

Social Inclusion Remit of this LCG*: _____

Stage of Development at Registration*: 1. Pre-development and group formation
 2. Capacity building and empowerment
 3. Strategic involvement in policy/decision-making structures

Date Established*: _____ / _____ /20_____ LDC Ref: _____

3. Target Groups

Primary Target Group*: _____ Secondary Target Group: _____

Select a target group from the list of SICAP target groups or Lot specific emerging needs group

Mandatory fields are marked with an asterix (*) - do not leave blank.
Mobile & Email fields are not mandatory but LDCs should record these details to facilitate follow-up contact for annual reviews and surveys

4. LCG Support Plan (to be drawn up after registration and reviewed & updated annually) LCG (2)

LCG*: _____

Support Plan Year*: 20_____ Staff Member*: _____

4.1 Level of involvement in community planning and service delivery (G1-1:1)*:

Not Involved Somewhat Involved Very Involved

4.2 Level of involvement in addressing social inclusion and equality issues (G1-1:2)*:

Not Involved Somewhat Involved Very Involved

4.3 Is progression along the CD matrix an objective? (G1-2:1)*: No Yes *(If yes, specify current stage)*

Current Stage of Development*: 1. Pre-development and group formation
 2. Capacity building and empowerment
 3. Strategic involvement in policy/decision-making structures

4.4 Level of participation in decision-making structures(G1-3:1)*:

Does not actively participate in any structures Actively participates in local structure(s) Actively participates in regional/national structure(s)

If the LCG actively participates in decision-making structures, specify the name of the structure(s):

4.5 Is the group a Member of PPN (G1-3:1)*: No Yes

4.6 Level of collaboration with local service providers (G1-4:1)*:

Not Involved Somewhat Involved Very Involved

4.7 Provide details of the objectives for the LCG and actions to meet these objectives*:

5. INTERVENTIONS [KPI1 = Two interventions, including a One to One, in Annual Plan year] **LCG (3)**

LCG: _____

Indicators:	Intervention Types:
G1 LCG Annual Action Plan	(i) 1-to-1 (in person)
G1 - 1:1.1 Support participation in community planning/service delivery	(ii) 1-to-1 (telephone/Skype)
G1 - 1:2.1 Support for social inclusion and equality issues	(iii) Group Meeting
G1 - 2:2.1 Supports to build capacity	(iv) Network Meeting
G1 - 3:1.1 Support for participation in decision making structures	(v) Workshop
G1 - 4:1.1 Support for initiatives addressing social exclusion and inequality	(vi) Information Session

Action Name*: _____

Indicator* (select one option from list above)	Intervention Type* (select one option from list above)	Date* & Duration* (to nearest 15 mins)	Staff Member*

6. OUTPUTS

G1 - LCG Grants Grant Amount*: € _____
(€1,500 maximum per annum)

Grant Category:* (Select one option)

Capacity building
 Corporate Governance
 G1 – 1:3.1 Social, cultural, civic activities
 Small-scale capital
 Strategic Planning
 Travel & Subsistence