The Charity Service

Chronicle Cinderella Home Fund Group Grant Application

**As a registered charity our aim is to support a vibrant and sustainable third sector in Greater Manchester by making grant funding available to charities, community interest companies (CICs), community groups and voluntary organisations.**

**Chronicle Cinderella Home Fund**

Funding from the Chronicle Cinderella Home Fund is available for Individuals or Groups/Organisations to support the costs of respite care and support (including but not limited to the provision of holidays) for the benefit of children and young people under the age of 25 who are sick, convalescent, have special educational needs or are disadvantaged for any other reason. The respite care and support should provide a positive experience for the young person and/or provide a beneficial short period of rest for the young person’s carers and family.

We will normally only fund respite care and support where the family lacks the resources to pay for the respite care and support themselves, or where the local authority are unable to make such provision.

Grants are available to residents within Greater Manchester, East Lancashire, North East Cheshire and North West Derbyshire.

**Guidance Notes**

* This is an application form for financial assistance for a Group/Organisation and the application **MUST** be completed, and approved, prior to any activity taking place. Grants will **NOT** be approved or paid retrospectively.
* Completing the application form is **NOT** a guarantee that grant funding will be awarded.
* The maximum amount for a Cinderella Fund grant to a group is normally £3,000.
* Please ensure that all sections of the application form are completed fully and that you provide the supporting documentation requested when submitting your application. Failure to do so may result in a delay to your application being reviewed by our Grant Committee.

* Due diligence checks will be completed on all organisations prior to an application being reviewed by our Grant Committee.
* We may ask for additional information at any time during the application stage.
* Monitoring reports will be required for all approved applications. The frequency of reporting will depend on the type and size of the organisation and the amount of funding awarded. These will be agreed in advance and prior to funding being released.
* By completing and submitting the application form you are agreeing on behalf of your Group/Organisation to abide by the Terms and Conditions of funding.
* The decision of the Charity Service Trustees is final.

**If you have any questions prior to completing the application form please contact Pete Yarwood on 07936 917679 or email** [**pete.yarwood@charityservice.org.uk**](mailto:pete.yarwood@charityservice.org.uk)

**Are you completing this application form in your first language: Yes/No?**

If you have answered No and require additional support to complete the application please contact Pete Yarwood on 07936 917679 or email [pete.yarwood@charityservice.org.uk](mailto:pete.yarwood@charityservice.org.uk)

**Section 1 – Organisation Details**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Legal Status:**  (Charity, CIC or Community/Voluntary group) |  |
| **Charity/CIC Registration No.:** |  |
| **Date Established:** |  |
| **No. of Paid Staff:**  (Full and part time) |  |
| **No. of Volunteers:** |  |
| **Annual Expenditure:**  (Latest financial year) |  |
| **Website:** |  |
| **Social Media:** |  |

|  |  |
| --- | --- |
| **Name of Person Completing this Application:** |  |
| **Position in Organisation:** |  |
| **Telephone No.:** |  |
| **Email:** |  |
| **Address:** |  |

**Section 2 (Part A) - What your Organisation Does**

Please outline your organisations mission and objectives, your strategy for achieving these goals, the activities you deliver and the impact of your intervention(s). Please provide a copy of your organisations latest Annual Report including Income & Expenditure.

**Section 2 (Part B) – How do you make sure your organisation is embedded within the local community?**

Please tell us how you engage with the local community, how do you make sure that the services provided meet the neets of your local community, how do you obtain and act on feedback form your service users, volunteers, etc.,

**Section 3 – Adult Safeguarding, Child Protection and Health & Safety**

Do you have appropriate Adult Safeguarding, Child Protection and Health & Safety policies in place that all staff, trustees and volunteers have access to and follow? Yes/No

Do all staff/volunteers directly involved with the activity have up to date DBS checks? **Yes/No**

Are Risk Assessments completed prior to delivery of activities? **Yes/No**

|  |  |
| --- | --- |
| **Name of Adult Safeguarding and/or**  **Child Protection Lead in your organisation:** |  |
| **Position in Organisation:** |  |
| **Name of the Health & Safety Lead in your organisation:** |  |
| **Position in Organisation:** |  |

**Please provide copies of your latest policies and procedures\*.**

\*Please note that if you do not have the appropriate policies and procedures in place we will not be able to progress your application further. If you do not have up to date Adult Safeguarding Policies in place you can find guidance on these at [Safeguarding — NCVO Knowhow](https://knowhow.ncvo.org.uk/safeguarding)

**Section 4 – Bank Account**

Please give details of the bank account in which you would like us to pay any grant which might be approved.

|  |  |
| --- | --- |
| **Bank Name:** |  |
| **Bank Address:** |  |
| **Account Name:** |  |
| **Account No.:** |  |
| **Sort Code:** |  |

**Please provide a scanned copy of a paying in slip, cheque or a recent bank statement as proof of account**

Do payments from your bank account require two or more signatories? **Yes/No\***

\*If no please explain what procedures are in place to prevent the misuse of funds:

**Section 5 (Part A) – Children and/or Young People**

Please tell us how many children/young people will take part in the activity, what are their ages and how are they disadvantaged. Some description and analysis of significant circumstances affecting the children/young people is required (e.g. disabilities, additional needs, family backgrounds, the social/economic character of their local areas).

**Section 5 (Part B) - What do you need financial support for?**

Please tell us about:

* why you are applying for funding;
* what you are planning to do;
* where you planning to go (if you do not know preciously please state the general area, i.e. North Wales);
* who will be accompanying and supervising the children and young people;
* when will the activity take place (dates) and how long the activity will be for;
* how you will travel to/from your destination;
* what you will be doing; and,
* if required, the type of accommodation you will book (if you have made a provisional booking already give details).

**Section 6 – Expenditure Budget**

Please either:

* complete the expenditure table below listing all costs associated with delivery; or,
* provide us with a separate document (e.g. an Excel file) that contains a budget for your proposed activity.

|  |  |
| --- | --- |
| **Item** | **Amount** |
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|  |  |
|  |  |
|  |  |
| **Total** | **£** |

Please add additional lines if required.

£

How much you are applying for from the Cinderella Fund

Have you been able to raise funds yourselves, or from other funders, towards the cost of the activity? **Yes/No** (If yes, please give details of how much and where from).

Will you be charging families (or others) to send children/young people on the activity? **Yes/NO** (If yes, give details of who you will be charging and how much this will be).

**Section 7 - Declaration**

To the best of our knowledge the information provided in this application is correct and we agree to contact The Charity Service concerning any changes to the details provided in this application.

Signed on behalf of the Charity/Organisation:

|  |  |
| --- | --- |
| **Name:** |  |
| **Signature:** |  |
| **Position in Organisation:** |  |
| **Telephone No.:** |  |
| **Email:** |  |

**Please send the completed application form, along with supporting documentation to** [**pete.yarwood@charityservice.org.uk**](mailto:pete.yarwood@charityservice.org.uk) **or** [**enquiries@charityservice.org.uk**](mailto:enquiries@charityservice.org.uk)