Grant Application Form

**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.**

**Our Priorities**

**Reducing Social Isolation**

**Preventing Homelessness**

**Support for Vulnerable Families & Children**

**Guidance Notes:**

This is an application form for funding for charities, community groups and voluntary organisations working to assist individuals who are disadvantaged, sick, have a disability and/or living in poverty. Grants are issued to assist with the provision of services, support, equipment, activities or amenities which will improve people’s well-being.

Please note:

* Grant recipients **MUST** be located within the Greater Manchester area.
* Completing the application form is **NOT** a guarantee that grant funding will be provided.
* Grants will **NOT** be paid retrospectively.
* Grants are available to support activity and project costs; capital costs; and/or organisational core costs. This includes unrestricted grants. Multi-year grants are also available up to a maximum of 3 years.
* The maximum amount of grant for any one year is normally £3,000. This means that the maximum available for a 3 year grant would be £9,000 (i.e. £3,000 in each year, with funds paid out annually across the period, subject to satisfactory performance).
* 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. The level of these checks will depend on the type and size of the organisation, the amount of funding applied for, the proposed project and/or activity and the client group being supported.
* We may ask for additional information at any time during the application stage.
* Reports (and sometimes monitoring visits) will be required for all approved applications. The frequency of reporting will depend on the type and size of the organisation, the amount of funding awarded, the proposed project/activity and the client group being supported. 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)

We look forward to receiving your application.

**Are you completing this application 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 organisation’s 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 is your organisation embedded in the local community?**

Please tell us how you engage with the local community, how you make sure that the services provided meet the neets of your local community, and how 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 relevant staff and volunteers 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 – What do you need financial support for?**

Please tell us why you are applying for funding and which of our priorities issues your application addresses. Include details of what you want to do, how this will tackle the issue and the intended impact of your intervention(s).

**If you are applying for support towards staff costs please provide job descriptions for each role.**

**Section 6 (Part A) - How much funding are you applying for and for how long?**

**£**

Amount you are applying for:

How long do you need the funding for?

\*Please note the maximum grant award for an activity lasting less than 12 months would normally be £3,000. The maximum amount for a multi-year grant award would normally be £9,000 over a period of 3 years (i.e. 3 annual payments of £3,000).

**Section 6 (Part B) – Is the award is to be used as match funding?**

If the grant will be used to cover only part of the cost for a larger activity, please tell us what you overall plan is, how much it will cost and how you will raise the outstanding balance including if you have already applied, or intend to apply, to other funders.

**Section 7 – 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 work.

|  |  |
| --- | --- |
| **Item** | **Amount (£)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **£** |

If the application is for the purchase of equipment or contracted services (e.g. Tutor, Facilitator, etc.), please provide supporting evidence of costs.

**Section 8 - Anticipated Start**

What is the anticipated start date of delivery?

**Section 9 - Declaration**

To the best of our knowledge the information provided in this application is correct. We agree to contact The Charity Service concerning any changes to the details provided in this application. We also agree to provide feedback on the outcomes achieved because of the grant received (e.g. a report, case study and/or testimonial of thanks from service users).

**Signed on behalf of the applicant organisation:**

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

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