

**Bradford Council Department of Adult Social Care & Health**

**Local Community Support Grants**

**Application Form**

**Please read the guidance notes before completing this application form**

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| Full name of Group / Organisation:  *(As stated on your constitution)* |  | |
| Address:  *(This is where all correspondence will be sent unless otherwise specified)*  Postcode: |  | |
| Contact details: | Main contact person: | Alternative contact person: |
| Address where **project will be delivered from** (if different from above): |  |  |
| Position in group: |  |  |
| Daytime telephone number: |  |  |
| Mobile or other number: |  |  |
| E-mail address: |  |  |
| Group’s website: |  | |

**Project Details**

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| **Project**  **(Please state in order of preference below, with Project Name 1 being first choice)** | **Constituency you wish to operate in** | **Ward(s) you wish to operate in** | **Client group(s) you wish to work with** | **Community/communities of shared interest, issue, identity or condition you wish to work with** | **Total number of project activity delivery hours per week** | **Total cost of project per annum** |
| **Project Name 1** |  |  |  |  |  |  |
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| **Project Name 2** (if relevant) |  |  |  |  |  |  |
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| **Project Name 3** (if relevant) |  |  |  |  |  |  |
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**Qualifying Questions**

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| **Question A**  Can you provide the following documents when requested (**do not submit at this stage but please retain for future inspection**):  **Please tick as appropriate** | |
|  | A copy of the organisation’s Constitution or a governing document |
|  | A project budget for the two (2) years the funding covers |
|  | A copy of the organisation’s most recently published accounts (Audited where appropriate) |
|  | A copy of appropriate and current Insurance policy documents for the organisation |
|  | Copies of the following policies: Safeguarding, Complaints, Equality & Diversity, Volunteering, Health & Safety and where appropriate Recruitment and Selection |

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| **Question B**  **Project Financial Breakdown**  Please provide a breakdown of the total annual cost of the proposed project/s. Include funding from other sources (grant funding, sponsorships and payments from people attending). | |
| **Project 1** | |
| **Expenditure Item** | **Total £** |
| Room hire |  |
| Staff costs |  |
| Insurances |  |
| Consumables |  |
| Utilities gas, electricity |  |
| Other (please insert) |  |
| Other (please insert) |  |
| Other (please insert) |  |
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| **a) Total amount of funding applied for from the Council** |  |
| **b) Funding secured from other sources** |  |
| **c) Total cost of project** (e.g. a + b = c) |  |
|  | |
| **Project 2** (if relevant) | |
| **Expenditure Item** | **Total £** |
| Room hire |  |
| Staff costs |  |
| Insurances |  |
| Consumables |  |
| Utilities gas, electricity |  |
| Other (please insert) |  |
| Other (please insert) |  |
| Other (please insert) |  |
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| **a) Total amount of funding applied for from the Council** |  |
| **b) Funding secured from other sources** |  |
| **c) Total cost of project** (e.g. a + b = c) |  |
|  |  |
| **Project 3** (if relevant) | |
| **Expenditure Item** | **Total £** |
| Room hire |  |
| Staff costs |  |
| Insurances |  |
| Consumables |  |
| Utilities gas, electricity |  |
| Other (please insert) |  |
| Other (please insert) |  |
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| **a) Total amount of funding applied for from the Council** |  |
| **b) Funding secured from other sources** |  |
| **c) Total cost of project** (e.g. a + b = c) |  |

**Quality Questions**

**Please do not include links to other pages and only write out answers you wish for us to evaluate in this application form.**

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| **Question 1 – Your Project**  **Please describe the project you will run and how it will support people to remain independent and active, reducing loneliness and isolation.**  **Include details of how many people you expect to benefit from your project, and how you will encourage new members to join (Maximum 500 words per project).**  The project description set out in Question 1 will form part of the Grant Agreement. |
| **Project 1**  **Project 2** (if relevant)  **Project 3** (if relevant) |

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| **Question 2 – Please describe how your project will deliver the things that people told us were important to them:**   * **Having something to look forward to** * **Getting out of the house** * **Feeling less lonely** * **Making new friends** * **Taking part in activities**   **(Maximum 500 words per project)** |
| **Project 1**  **Project 2** (if relevant)  **Project 3** (if relevant) |

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| **Question 3 – Please outline how any other previous provision/experience has equipped you to deliver projects in the future.**  **(Maximum 300 words per project)** |
| **Project 1**  **Project 2** (if relevant)  **Project 3** (if relevant) |

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| **Question 4 - Please include how your organisation is inclusive and welcoming to all who attend, including examples of how you have provided activities that suit a wide range of people from different backgrounds.**  **(Maximum 500 words per project)** |
| **Project 1**  **Project 2** (if relevant)  **Project 3** (if relevant) |

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| **Question 5 – Please explain what you would do if a person in the group/community told you someone is at risk of abuse.**  **(Maximum 200 words per project)** |
| **Project 1**  **Project 2** (if relevant)  **Project 3** (if relevant) |

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| **Question 6 - Legacy & Learning**  **Grants awarded through this process may face reduced funding levels in future years or be ended subject to Council budget decisions; please describe how your organisation would be able to sustain the project in these circumstances.**  **(Maximum 500 words per project)** |
| **Project 1**  **Project 2** (if relevant)  **Project 3** (if relevant) |

**Application Stages**

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| **Stage 1** | Complete applications received by the deadline of 5.00 pm on Friday 22 November 2024 will be collated for assessment by the grants panel.  **Any applications received after the deadline will not be accepted.**  **Any applications that are incomplete will not be considered.** |
| **Stage 2** | Grant panel meets to assess the applications.  Considerations will include:   * Proposed delivery against priorities and outcomes. * Available funds. |
| **Stage 3** | All applicants notified in writing of the outcome of their grant application. |
| **Stage 4** | Successful applicants to provide the following documentation relating to their organisation:   * A copy of the constitution * A copy of the Safeguarding Adults/Children’s Policy * A copy of the most recently published accounts (audited where appropriate) * A copy of appropriate and current insurance policy/ies. |

**Declaration**

I certify that, to the best of my knowledge and belief, all the information in this application form is true and correct. I understand that providing any false/misleading information will render this application void/invalid and that you may ask for additional information at any stage of the application process. I also understand that should this application be successful, the information contained in this form will be used to form the basis of the funding agreement.

**This submission should be signed by 2 people authorised by the management committee.**

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| Name of First Signatory (please print) | Name of Second Signatory (please print) |
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| Position in the Organisation (please print) | Position in the Organisation (please print) |
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| Signature | Signature |
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| Date | Date |

**All completed applications must be submitted by email to:** [**ASCGrantsInbox@bradford.gov.uk**](mailto:ASCGrantsInbox@bradford.gov.uk)

Before the deadline date of: Friday 22 November 2024, 5.00 pm