

**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) |  |
| 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.
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**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**

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