**‘Art of the Community’ - The Robin Estill Fund**

**Application Form**

**Section 1: About your group**

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| * 1. **Contact details**
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| **Name of organisation:** |  |
| **Main contact:** |  |
| **Position in the group:** |  |
| **Contact address for the group:** |  |
| **Contact Tel:** |  |
| **E-mail:** |  |
| **Website:** |  |
| **Facebook:** |  |
| **Twitter:**  |  |
| * 1. **What is the legal / charitable status of your group?**
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| [ ]  **Charity**[ ]  **Company limited by guarantee Company number ……………….**[ ]  **Charitable Trust** [ ]  **Community Association** [ ]  **Community Interest Company Registered number …………….** [ ]  **Constituted Group**[ ]  **Co-operative**[ ]  **Friends Society** [ ]  **Registered Charity Registered number ……………….** [ ]  **Charitable Incorporated Organisation** [ ]  **Not Constituted** [ ]  **Social Enterprise**  |

**Section 2: Project Details**

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| **2.1 What is the name of the project or activity you are seeking funding for?** |
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| **2.2 Fund - Priorities**Please tick which of the funding priorities your project will meet.  |
| * Involves people with lived experience in co-producing the proposal and in delivery
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| * Promotes the inclusion of Tameside people with mental health, autism, and/or learning disability needs in the arts
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| * Enables people to access mainstream arts activities as well as ‘specialist’ ones
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| * Encourages talent in those it supports to reach their full potential
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| * Brings diverse people together to build more resilient communities and remove cultural barriers
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| **2.3 What is the main aim of your project / activity and how will you achieve it?** What are you trying to achieve, who will benefit and how will you do it? Link this to the priorities above. (max 300 words) |
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| **2.4 How does your project supports the three big outcomes of the Tameside and Glossop Living Life Well Mental Health Transformation Programme?** (max 300 words)* People are connected and able to participate equally in Society
* People are able to recover and live life well
* People have control over their lives
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| **2.5 How will you ensure that the Covid-19 government guidelines are implemented and adhered to by staff, volunteers and members of the public?** Projects/activities must adapt/deliver new provision in line with current Covid-19 government guidelines (at the time of application). Please visit [www.gov.uk](https://www.gov.uk/coronavirus) for the latest government advice.(200 words) |
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| **2.6 Timescales – when will your project start and finish?** The start date should be within four months of your application. |
| **Start date:** **End date:** |
| **2.7 How many people do you expect will benefit from your project / service and how will you engage with these people? Which areas of Tameside do you think they will come from?** |
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| **2.8 Monitoring and Evaluation** **Evidence will be required to demonstrate how your project:*** Meets the funds priorities.
* Has improved people’s wellbeing and health in Tameside.

**How will you monitor the progress and measure the success of the project?**Including:* How will you measure what you have delivered (outputs)?
* How will you evidence that your project has made a difference (outcomes)

 An end of project case study will be required. (Max 300 words) |
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**Section 3: Financials**

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| **3.1 Please provide a detailed breakdown of how you will spend the grant** |
| **Budget heading** (e.g. Equipment, salary, etc) | **Breakdown of activity and costs**(how have you worked out your costings?) | **Amount requested £** |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  |
| **3.2 Please provide details of any match funding or in-kind support that will also contribute to this project?** (please detail whether this is money or volunteer time (estimated equivalent £11.09 per/ hr – NCVO figures), rent free room hire, other resources) |
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| **3.3. What ideas have you got for making your project sustainable?** |
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**Section 4: Final questions**

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| **4.1 Does anyone on your management committee / board have a prior connection, affiliation or interest in Action Together? E.g. employee, councillor, affiliate. Yes / No** **If yes, please state relationship:** |
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| **4.2 Have you applied to Action Together for funding previously? Yes / No** **If yes, please state which fund:** |
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| **4.3 Have you applied for funding for this project elsewhere? Yes / No** **If yes, please state which fund:** |
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| **4.4 Have you carried out a Covid-19 secure risk assessment for all of the aspects of your project/activity? You will need to submit all risk assessments along with your application, where applicable. Yes / No**  |
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**Section 5: Check list**

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| **Required supporting information** | **Please tick** |
| Governing document (constitution / terms of reference) that has been signed by two or more members |  |
| Bank account in organisation’s name with at least two unrelated signatories (we will require a copy of a bank statement) |  |
| Insurance - public liability and employers’ liability if you employ staff |  |
| Safeguarding policy (if applicable) |  |
| Covid-19 secure risk assessment (if applicable) |  |