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

**Application Form**

**Section 1: About your group**

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| * 1. **Contact details** | |
| **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?** | |
| **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 |  |
| * Promotes the inclusion of Tameside people with mental health, autism, and/or learning disability needs in the arts |  |
| * Enables people to access mainstream arts activities as well as ‘specialist’ ones |  |
| * Encourages talent in those it supports to reach their full potential |  |
| * Brings diverse people together to build more resilient communities and remove cultural barriers |  |
| **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) |  |