Community Wellbeing Alliance

Micro-Grants

 Application Form (up to £1,000)

Please complete all sections of the application form. If your application is incomplete this will delay the processing of your application and it may be returned to you. Action Together, on behalf of the funders, reserve the right to check on the eligibility of groups applying for a grant and, therefore, may ask for extra information.

Section 1: Group details

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| * 1. Contact details
 |
| Name of Group: |  |
| Main contact: |  |
| Position in the group e.g. Chair, project lead etc: |  |
| Contact address for the group: |  |
| Contact Tel: |  |
| E-mail: |  |
| Website if the group has one: |  |
| Facebook if the group has one: |  |
| Twitter if the group has one:  |  |
| * 1. What is the legal / charitable status of your group? Please tick the relevant box
 |
| [ ]  Registered Charity  | Registered number ……………….  |
| [ ]  Company limited by guarantee  | Company number ………………. |
| [ ]  Friends Society  |  |
| [ ]  Charitable Trust  |  |
| [ ]  Community Association |  |
| [ ]  Community Interest Company (CIC)  | Registered number …………….  |
| [ ]  Co-operative |  |
| [ ]  Charitable Incorporated Organisation (CIO)  |  |
| [ ]  Constituted Group |  |
| [ ]  Not Constituted |  |
| [ ]  Other Please state e.g. group of residents |  |

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 Community Wellbeing Programme PrioritiesDoes your project or activity meet the priorities of this grant?  |
| Engage local people in ‘Community Conversations’ about their wellbeing through events and activities where they live, using creative ways to engage with people so we can share what we know is out there to support their wellbeing with people that may not have seen it. | Yes/No |
| 2.3 What is the main aim of your project / activity and how will you achieve it? Link this to the priorities above. (max 300 words) |
|  |
| 2.4 Where will your project be delivered? |
|  |
| 2.5 Will you be working in partnership with other organisations? If yes, please list your partners and what role they will have in the project.  | Yes / No  |
|  |
| 2.6 How many people do you expect will benefit from your project / activity? |
|  |
| 2.7 Timescales – when will your project start and finish? Projects should take place between August 2018 and August 2019 |
| Start:  |  | End: |  |
| 2.8 Monitoring and Evaluation Evidence will be required to demonstrate how your project met it’s aims. How will you monitor the progress and measure the success of the project?Including:* How will you manage the grant?
* How will you plan for the delivery and implementation of your project
* 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 pictures, or video 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 £ |
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|  |  |  |
| 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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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: |
| 4.2. Have you applied to Action Together for funding previously? | Yes / No If yes, please state which fund: |
| 4.3. Have you applied for funding for this project elsewhere? | Yes / No If yes, please state which fund: |

Section 5: Supporting information

Please state if your group has the following supporting information. If your group does have this information, you will need to supply a copy prior to any funding being released as part of the grant agreement.

|  |  |
| --- | --- |
| Supporting information | YES / NO  |
| 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) |  |

Section 6: Conditions of grant

Please review the following before submitting your application.

If successful in full or part, we confirm that we accept the following conditions:

* We will only spend the grant money in accordance with our grant application form. If there is a need to change the use of the grant, we will request permission from Action Together as soon as possible.
* If the main contact leaves the group or can no longer fulfil their responsibilities, or someone takes over responsibility for the grant on behalf of the group, we will inform Action Together immediately.
* We will ensure the group makes the project as accessible as possible and agree to implement and ensure equal opportunities.
* We will ensure we have adequate insurance to carry out the project and that staff, volunteers, trainers, and consultants are suitably qualified and trained and we will supply copies of documents if requested.
* We acknowledge responsibility for all risk assessment and health and safety checks for the project.
* We will ensure that all volunteers and staff working with any vulnerable people are DBS checked and adhere to the safeguarding policies and procedures we have as an organisation and we will supply copies of these if requested.
* Action Together can visit the project for monitoring and evaluation purposes.
* At the end of the project we will furnish Action Together with a case study outlining how the funding benefited individuals and the group, and others that you worked with. This will include pictures, or video and quotes from participants.
* We will ensure that the above report and case study is given to Action Together in the require timescales and understand that failure to do so will influence future funding application decisions.
* We accept that we may be asked to return this grant should Action Together deem the evidence provided by us in our end of grant report is unsatisfactory. This will also apply if Action Together discovers that money has been spent on items not specified in the original application form and grant offer.
* All original receipts will be kept and copies made available for Action Together.
* We will repay any money unspent during the project lifetime to Action Together within a month of our project ending.
* We understand that if we don't meet these terms and conditions our grant may be withdrawn.

Declaration

1. I certify that the information contained in this application is correct. I understand that if in any way the information is not correct the application may be disqualified, or any grant awarded will be payable on request.
2. If the information changes in any way I will inform Action Together as soon as possible.

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| Main contact for this project:  |  |
| Role within organisation: |  |
| Signature:  |  |
| Date: |  |

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| Other contact for the group:  |  |
| Role within organisation: |  |
| Signature: |  |
| Date: |  |

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| Please send your completed application by email to:Email: investments@actiontogether.org.ukPlease put “Community Wellbeing Alliance Micro-Grant Application” in the subject field and the name of your organisation.  |