Domestic Abuse Support Grants 2022

Application Form (up to £200)

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: |  | |
| * 1. What is the legal / charitable status of your group? Please tick the relevant box | | |
| Registered Charity | | Registered number ………………. |
| Community Interest Company (CIC) | | Registered number ……………. |
| 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? | | | |
|  | | | |
|  | | | |
| 2.3 What is the main aim of your project / activity and how will you achieve it?  (max 300 words) | | | |
|  | | | |
| 2.4 Where will your project be delivered? Please tell us which locality you’ll be delivering in and which venue if applicable. | | | |
|  | | | |
| 2.5 How many people do you expect will benefit from your project / activity? | | | |
|  | | | |
| 2.6 Timescales – when will your project start and finish? | | | |
| Start: |  | End: |  |
|  | | | |

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 | |  |

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: |

Section 5: Supporting information

Please state if your group has the following supporting information.

|  |  |
| --- | --- |
| 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) |  |
| 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 that we implement and comply with the most up to date government guidelines around being Covid secure.
* 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.
* At the end of the project we will provide Action Together with a case study outlining how the funding benefited individuals.
* 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 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 group/organisation: |  |
| Signature: |  |
| Date: |  |

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

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| --- |
| Please send your completed application by email to:  [funding@actiontogether.org.uk](mailto:funding@actiontogether.org.uk)  Please put “Domestic Abuse Support Grant Application” in the subject field and the name of your organisation. |