GRANT FUNDING APPLICATION FORM & KEY SUPPORTING DOCUMENTS

Please refer to guidance notes on how to complete this form. Further guidance can be found within the Grant Funding and Framework Toolkit.

http://www.birmingham.gov.uk/cs/Satellite/grantfunding?packedargs=website %3D4&rendermode=live

1.1 Key Supporting Documents Required

To be completed by the applicant

The City Council has a responsibility to ensure that any public funding it provides is used for its approved purposes and that, when an organisation receives funding, it is used appropriately. This includes the operation of suitable management, employment and financial policies and practices.

The documents below are required to verify that responsibilities are managed effectively by the organisation.

Please ensure that you have all the documentation listed below (if applicable). Without the availability of the relevant documentation the request for funding will not be progressed.

This documentation should be submitted with your completed application form	Tick/X/not applicable
Budgeted income and expenditure statement	
Annual accounts and balance sheet	
Constitution or governing body documentation	

This documentation does not need to be sent with your completed application form. We will request it should we progress your application	Date signed
Confirmation of a valid insurance e.g. cover for director negligence or breach of	
duty/negligence by your organisation/public liability	
Annual Report	
Equalities Policy	
Health and Safety Policy	
Complaints Policy	
Quality Assurance System documentation	
Environmental Policy & Procedures	
Safeguarding Policy and Procedures	
Copy of the template used to record and monitor information relating to CRB	
checks	
VAT: including details of VAT registration number and input tax recovery	
opportunities.	
Whistle blowing	
Other documents as required by directorates	

Your application will not be progressed if you are not able to provide the above documents as requested.

1.2 Application Form

To be completed by the applicant

The City Council has a responsibility to ensure that any public funding it provides is used for its approved purposes and that, when an organisation receives funding, it is used appropriately. This includes the operation of suitable management, employment and financial policies and practices.

The details provided below will be added to our grants management database that will help track, monitor and audit grant applications made and issued.

	1 TYPE OF FUNDING REQUESTED							
1.1	What type of funding is being requested?	Please specify the total amount requested	Please specify the period this fundi will cover					
		•	From (dd/mm/yyyy)	To (dd/mm/yyyy)				
	Capital Funding This is not applicable £ to this grant							
	Revenue Funding	£						
1.2	Which Council directo	rate is offering the f	unding?					
1.3	What are you planning to use the funding for? Give details of how the grant will be spent, the headings are suggestions and may not be applicable to your project: You should change as necessary to show the areas of expenditure for your project.							
	Expenditure category			Please indicate the amount				
	Direct activity cost - sala	£						
	Direct costs - travel, equ			£				
	Premises - building acque plan for the bid. This is			£				
	Premises and office cos depreciation, insurance	_		£				
	Premises and office cos	£						
	Premises and office cos	£						
	Central function costs e HR, finance, IT)	£						
	Governance and strateg facilitation of meetings,	·	_	£				
	General fundraising cos	ts e.g. salaries and or	n costs, events for	£				

raising unrestricted funds)	
Other (please list)	£
TOTAL (This should be the same figure as in 1.1 above).	£

		2.0	ORGANISAT	ION DETA	ILS:			
2.1	Name of organisation. Please give the name of your organisation as shown on your governing document. This may be different to the name of your project. Correspondence Project Head Office							
	governing docume	ent. This ma	y be differe	ent to the r	name of your p	oroject.		
		0		Dustant		11 0	CC:	
	Address 1	Correspoi	naence	Project		Head O	пісе	
	Address 1 Address 2							
	Address 2 Address 3							
	Post Code							
	Tel No							
	Fax No							
	Email Address							
	Website (if applicable)							
2.2	Is the organisation	on nart of a	droup or i	national c	vrdanication?		Yes	No
2.2	is the organisation	ni pait oi a	i gioup oi i	national C	ngamsanom		163	140
	If yes, please prov	ide details.						
2.3	Type of organisa		Company		Name of tru		-	•
	status (please tid	ck)	Registrat	ion no:	that will ho			n
					behalf of th	e organis	sation:	
	Charity							
	Limited Company							
	Uninggrandrated							
	Unincorporated Association							
	Other (please							
	specify below)							
					1			
2.4	Does your organi						Yes	No
	quality standard		_		_	-		
	Matters, VISIBLE					•		
	provide details of towards. This sho					g		
	towards. This sho	aid iriolduce	icvei attailit	ca ana aa	co acmevea)		<u> </u>	<u> </u>

		3.0 F	UNDING &	BUDGE	T ARRANGE	MENTS		
3.1	Are you receiving towards the cost other sources)? /period/purpose in this applicatio	st of t Plea / amo	he project se provide	(e.g. use details	er charges/of source/re	donations from	Yes	No (go to 3.2)
	Source	Amo	unt		d (From/To) nm/yyyy)	Details (what for?))	
	i) ii)	£						
	ŕ							
3.2	be an annual bu including the gra application form	dget f int bei	or the total ing applied t	cost of th for here.	e project wit This can be	udget for the project h details of all incor a separate attachm	me strea	ams
3.3	Are you receiving workers, free unplease provide d	se of	equipment		-	(e.g. seconded project? (if yes	Yes	No
	Source		Type of ass	sistance		Purpose		
3.4	1	ast 3 detail ould in	years? If the soft any grand and the soft any grand and the details.	his is not nt fundin Is of any	your first gra g you have r funding rece	ant application to eceived in the last	Yes	No
	Name of		Amount	From	То	Details (what for	r)	
	Adults and Communities Children, Young							
	People and Fam Corporate	ilies						
	Resources Development							
	Environment and Culture	t						
	Homes and Neighbourhoods							
	Constituency (ple specifiy which or							
	TOTAL AMOUNT	,						
3.5	Please provide reserves:	detai	ls of the to	tal value	of the orga	nisation's commit	tted and	d free

3.6	How will the project be maintained financially once grant funding has ceased? Please attach proposal as necessary. (If you suspect your project will need to continue after the period for which you are seeking grant funding, then you need to think about an exit strategy – a plan that enables the activity to find alternative ways to achieve its objectives, or alternative resources to deliver its activities. Give details of how the project will continue when the grant ends. If you expect the project to end with the grant state clearly what will happen to services users);

	4.0	POLICIES,	PROCED	URES	S & PROCESSES	;				
4.1	Please provide d Trustees?	Please provide details of your management/executive committee/Board of Trustees?								
	Name	Gender	Role	Has this pe been a Co employed City Counc last three	uncillor or by B'ham il in the					
						Yes	No			
4.1	When was the la	st annual g	eneral me	eting	held? Please provi	de date				
4.3	relevant to this g	grant funding	g? .		bodies/partners,		No			
	they will be involve	ed in the main not fully estab	nagement a olished, sho	and de ow whi	or the delivery of the livery of the activity. ch organisations you	If linkages	and			
	Name of organis	ation	Relation	nship						
	i)									
	ii)									
	iii)									
	PROTECTION (OF CHILDRE	N, YOUNG	PEOF	PLE & VULNERABLI	E ADULTS				
4.4	Will any individua with children or v provide policy sta	vulnerable a	dults? You	u will		Yes (go to 4.5)	No (go to 5.1)			
4.5	Who in your orgainglementation			el is re	esponsible for the	policy's				
	Name Designation									
4.6	Do all relevant members of staff and volunteers, committee Yes No and board members have an up to date Criminal Records									

	5.0 DETAILS OF PROJECT ACTIVITIES							
PROJE	PROJECTS OVER £50,000 PLEASE ALSO COMPLETE QUESTION 5.11- 5.12							
5.1	Name of Project (What i	s the name of the p	roject)					
	Project description: What will you do with the funding? (max. 1200 words) Describe your project, linking it to the scope and outcomes in the directorate prospectus. Tell us: what service/activity you will offer; who the service is aimed at; What are the needs and barriers facing the target groups? What experience you have of working with people in the target group or in similar activity; how you will ensure the service/activity meets the needs of the target group; how your project has been influenced by what people have told you; how you know that the people you want to help will use your project; how many people will benefit; how services/activity will be delivered; (Staffing /location /development etc)							
5.2	wheelchair ramp to entrar How does your equal oppo	nce, induction loop, ortunities policy and	emises for people with disabilities (eg: supporting hand rail to entrance): practice apply to the service /activity, staff emented, monitored and reviewed?					
5.3	any part of this project?	If you intend to sul ment with other pro	ng, to another organisation to undertake ocontract any element of the project, or enter viders, explain the rationale and provide a ill work.					
	If yes, please provide deta	ils:						
5.4	Does the organisation into	_	similar local service(s) that already provide					
	Name of Organisation	Service they provide	Description of how your organisation is going to work with them					
5.5	working on the project a	and providing the a	and voluntary workers) that will be activities? Provide details of the key staff ement/care staff/support staff.					
	Position	- ,a.	Annual cost of salary including employer's					

				overheads e.g. National Insurance, occupational pension where appropriate (if paid through this funding)					
	i) ii)			£					
5.6	Which of the four Adult Social Care Outcomes Framework or 6 Prevention outcomes will your project address? (please refer to the prospectus). Tell us in your own words how your project will meet each of the programme outcomes you have chosen. Provide details of the inputs/outputs; measurements you will use to show achievement of the outcome; What difference your project will make to the individual; Show how you will monitor the outcome; how you will be able to show that the services users are benefiting from the activity/service. Don't just repeat the programme outcomes using different words. Think about how the change or difference your project is going to make reflects the outcomes. Outcome 1 Measure:								
		l you evidence succe	ess?						
	Outcom	le 2							
	Measur	e							
	How wil	l you evidence succe	ess?						
	Outcome	e 3							
	Measur	e							
	How wil	l you evidence succe	ess?						
	Outcome	e 4							
	Measur	e							
	How wil	l you evidence succe	ess?						
5.7	What is		able for the impl	ementation of the activities?					
	Date	Key Milestone	• •	Please provide a detailed breakdown of how blement your project					
5.8	What criteria, (if any), will be used to determine which service users are eligible to receive the provision?								
5.9		provide details of the eactivities.	e Service users	who will receive the service or benefit					

	Target group	How many?	Age	Gender	Ethnicity	Faith	Sexual Orientation	Other	
	i)								
5.10	ii)	ioo ucore/	parare h	o involvo	d in the de	volonmo	nt/operation	of the	
5.10	How will service users/carers be involved in the development/operation of the project? How will their views be considered? (provide details on who will be involved and how their participation will be encouraged and considered.								
	Application								
5.11	How will the proposed service/activity complement and add value to provision in the area. (please indicate how this service develops the added value/social capital of Birmingham and the third sector, eg inclusive networks, social participation, community/neighbourhood inclusion)								
5.12	What is your marketing /promotional strategy for this service/activity? (show how the marketing & publicity activities reflect your commitment to equal opportunities; how you will raise awareness to service users/carers/partners/stakeholders etc:								

6.0 DETAILS OF KEY CONTACTS								
6.1	ORGANISATION CONTACT		BIRMINGHAM CITY	COUNCIL CONTACT				
	Name		Name					
	Position held		Position held					
	Tel no		Tel no					
	Email address		Email address					

7.0 REFEREES)									
7.1	DETAILS FOR FIRST REFEREE		DETAILS FOR SECOND REFEREE						
	Name		Name						
	Organisation		Organisation						
	Position held		Position held						
	Tel no		Tel no						
	Email		Email address						
	address								
	Project delivery track record: Please provide a short description of your organisation and give examples of funded activities over the past 2 years. (200 words max)								

8.0 DECLARATION

I confirm that:

- the information and supporting documents with this application are correct and complete
- if the requested grant is approved, the proposed activities will be carried out as described in this application
- details of all applications that have been made to secure additional funds for this and related activities have been disclosed
- details of all other funding available to this project have been disclosed
- the required supporting documents are enclosed with this application
- I am authorised to sign and submit this application for grant funding on behalf of the organisation

8.1	Details of the person who completed this form		Details of the witness			
	Name	lame		Name		
	Position held		Relationship			
	Signature		Signature			
	Date		Date			
	FOR OFFICE USE ONLY					
	Ref no. (to be taken from the Grants Management					
	System)					
	Name of the funding programme:					
	Funding cycle period:					

Where possible include all your information on this form and avoid sending additional documents unless these are explicitly requested.