|  |
| --- |
| **STANDARD GRANTS APPLICATION FORM**  This form can be submitted typed or if preferred, handwritten in dark ink.  Information on how to complete this form can be found in any Prospectus, which also has guidance on what you need to tell or show us, where to get help to make an application, who to send it to and by what date. *If you are making more than one bid, please use a separate application form for each bid.* |

|  |  |
| --- | --- |
| Which Prospectus are you bidding from? |  |

|  |  |
| --- | --- |
| Which Lot (tick all that apply) | |
|  | LOT 1 - **Safe Haven** |
|  | LOT 2 - **Wellbeing Service Supporting the Community Mental Health Service (CMHS)** |
|  | LOT 3 - **Wellbeing Service** |

|  |
| --- |
| **Self-Assessment Checklist**  Before you begin your application, you should be able to tick all the boxes below. If you cannot, please get advice on your next steps from the Commissioner who issued the Prospectus (see the Contact details), or from a source of independent advice. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your organization have | |  | Can your organization supply the following finance and governance information on request? | |
|  | A Constitution or memorandum and  articles of association |  |
| Policies and Procedures including: | |  |  | Signed and approved year end accounts for the last 2 years |
|  | Financial |  |  | Proof of Bank account |
|  | Equal opportunities |  |  | Management accounts, including income and expenditure reports and cash flow |
|  | Health and Safety |  |  |
|  | Complaints |  |  |
|  | Quality assurance |  |  | Proof of fully constituted management committee or board of trustees/directors, e.g. Two recent sets of management committee or board meetings and AGM minutes**.** |
|  | Safeguarding vulnerable children and/or adults |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  | Public Liability insurance. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your organisation experience of delivering services or activities for: | |  |  |  |
|  | Isle of Wight Council |  |  |  |
|  | Any other public, private or third sector funder |  |  |  |

|  |  |
| --- | --- |
| **Part A: APPLICANTS DETAILS** | |
| This part of the application will help us to judge how effective your organisation or consortium has been, or may be, if awarded grant funding. Please give details of the person we should contact about this application: | |
| Name: |  |
| The name of your organization: |  |
| The name of your organization: |  |
| Position in organization: |  |
| Telephone number: |  |
| Mobile number: |  |
| E-mail address: |  |
| Address and Postcode: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you: | | | |
|  | The sole applicants in this bid, or |  | Lead applicant for a consortium: |
|  |  | | |
| If your application is from a consortium, please list other organisations in your consortium: | | | |
|  | | | |
| Please tell us the legal status of your organization (e.g. a registered charity, friendly society, social enterprise or any other form of voluntary community group): | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Unincorporated body |  | Social enterprise |
|  | Trust or Society |  | Company limited by guarantee |
|  | Faith group engaged in social action |  | Registered charity |
|  | Community Interest Co. or Org. |  | Registered friendly society |
|  | Residents Group |  | Registered social landlord |
|  | Other (please describe below) |  | Sole Trader |
|  | | | |

|  |  |
| --- | --- |
| Company registration number:\* | Charity registration number:\* |
|  |  |

\*If applicable

|  |
| --- |
| **Part B: YOUR ORGANISATION AND EXPERIENCE** |
| **Q1. Please tell us about your organisation.**   * What is the mission and objective of your organization? * What are its current activities? * What is your financial status? * How many staff and volunteers do you have and with what level of training do they have?   This will help us understand your organisation. We may use this information to publicise the outcome of the grant-making process. |
|  |

|  |
| --- |
| Q2. How effective have your funded activities been? Give us examples of your funded activity and tell us about your track record. Tell us what services or activities you provided, who was the funder; the costs and timescales; who benefited from the service, what outcomes you achieved, how well do you think you used the funding. Provide evidence where you can |
|  |

|  |  |
| --- | --- |
| **References** | |
| Please provide us with the contact details of two referees prepared to discuss your organisation and proposal with us. If you have previously provided services or received voluntary grant funding from the public sector, one of the referees should be a representative of the funding organisation who can confirm your track record. | |
| Referee 1: |  |
| Surname: |  |
|  |  |
| First name: |  |
|  | |
| Agency: |  |
|  |  |
| Position: |  |
|  |  |
| Telephone number: |  |
|  |  |
| Email address: |  |
|  | |
| Referee 2: |  |
| Surname: |  |
|  |  |
| First name: |  |
|  |  |
| Agency: |  |
|  |  |
| Position: |  |
|  |  |
| Telephone number: |  |
|  | |
| Email address: |  |

|  |  |
| --- | --- |
| **Financial Information** | |
| We need information about the financial wellbeing of your organisation in order to ensure that you are a financially robust and sustainable organisation | |
| *If you are unable to supply any of this information, please contact the commissioner of the grant as your application may be regarded as incomplete and declined.* | |
| Please supply: | Tick to confirm |
| Last two years’ full final year end approved accounts, or if you are a new organization, from commencement trading. |  |

|  |  |  |
| --- | --- | --- |
| **Part C: YOUR PROPOSED SERVICE OR ACTIVITY** | | |
| We need to know how your proposal will help us to deliver outcomes and priorities in the Prospectus. We need to know how clear you are about what you are proposing to provide, how you will do it, who to and at what cost. | | |
| The following questions will ask you to give us this information. Please remember that all grant funding awards will be based on the content of this application. | | |
| * **Read the application form fully before answering these questions.** | | |
| * **Please limit your answers to each question to no more than the number of words asked for and use a continuation sheet if necessary.** | | |
| Your project must meet at least one outcome to be considered for a grant. Please tick the box (s) next to the outcomes that your application most supports. (The outcomes are listed against each of the Lots in the Prospectus.) | | |
| OUTCOMES FOR INDIVIDUALS | |
|  | People have access to the help they need, when they need it, reducing immediate distress |
|  | People are supported to get the ongoing help they need. |
|  | People report improved emotional and physical wellbeing. |
|  | People are supported to be resilient and more independent in managing their own wellbeing and recovery, leading to reduced reliance on statutory-provided mental health and other services. |
|  | People are more involved in their communities and through developing their own networks of support, participate more fully in meaningful activity and/or employment. |
| SYSTEM LEVEL OUTCOMES | |
|  | Reduce the numbers of people that require further or more intensive interventions in secondary mental health services and / or through the Emergency Department |
|  | Reduction in the frequency with which people access crisis services, including attendance at Emergency Departments for those in mental health crisis. |
|  | A reduction of the people on CMHS caseload. |
|  | A low rate of re-referral to CMHS following discharge. |
|  | A reduction in the number of individuals entering secondary mental health care services or residential care |

|  |
| --- |
| Q3. Your proposed service or activity With specific reference to the LOT(S) you are bidding for, please summaries your proposal. If you are successful, we may use this summary to market or promote your service or activity. |
|  |

|  |
| --- |
| Q4. What will your service be like?  * Tell us what your service or activity will be like for the people who use it? * Tell us where it will be delivered and by whom? * How will it be managed and run? * How will you demonstrate quality and innovation in delivering your service? * How many people will it reach? |
|  |

|  |
| --- |
| Q5. Delivering our Outcomes Grants will only be made if they help us achieve the outcomes set out in the grant-making Prospectus. With specific references to the Lot(s) that you are bidding for, please describe how your proposal will help deliver the outcomes. |
|  |

|  |
| --- |
| Q6. Strategic alignment Can you demonstrate how your proposal aligns with the local and national strategic direction of travel and adheres to the principles, as outlined in the prospectus. |
|  |

|  |
| --- |
| Q7. Involvement and Partnership Have you involved partners, stakeholders and service users in the design and delivery of your proposal? How will it link to other local services and what other partnerships will you build on and contribute to? |
|  |

|  |
| --- |
| Q8. Target Groups Whose lives would be improved most by awarding you a grant and why? This could be people from a particular race, culture or faith. It could be young people; unemployed or excluded people; victims of crime or abuse; offenders or substance abusers; elders; people with disabilities, illness or impairments; people living in a particular place or any other community members. How will you engage with any potential groups of users? |
|  |

|  |
| --- |
| Q9. Marketing and publicity How will you market or publicise your service or activity? |
|  |

|  |
| --- |
| Q10. Equal opportunities Grants are only awarded to organisations that will give everyone an equal opportunity to benefit from their project or service. You must have an equal opportunities policy that applies to beneficiaries of your service or activity, staff and volunteers. How will anyone using or working in your service or activity be assured equality of opportunity? |
|  |

|  |
| --- |
| Q11. Subcontracting and partnershipsWe strongly encourage bids from consortiums or organisations working in partnership. If you intend to work with other partners to deliver your service or subcontract any part of the proposed service or activity to private or third sector partners, please explain why and how your arrangements will work. |
|  |

|  |
| --- |
| Q12. Community and Social Benefits How will your proposal add value to local public services and community life. |
|  |

|  |
| --- |
| Q13. Implementation Plan Your proposal must be based on a realistic implementation plan with clearly described assumptions, timelines and outcomes. Please provide us with a breakdown of your implementation arrangements and milestones. Further detailed information is welcomed.  NB. *We request that potential providers for Lot 2, as well as developing proposals and implementation plans for the initial start-up, also describe how these may be developed further to provide an expanded service should additional funds be made available*. |
|  |

|  |
| --- |
| Q14. Audit and monitoring arrangements How will you manage your proposed service? What are the key roles of staff in your own and other organisations running the service? What finance and admin systems will you use to ensure efficient and effective services and management of the funding agreement? |
|  |

|  |
| --- |
| Q15. Reporting your performance With reference to meeting the outcomes in the Prospectus, how will we know how well you are doing? How will you monitor and report quality, outcomes, achievements user satisfaction and difficulties. You can discuss this with the commissioner before applying. |
|  |

|  |
| --- |
| Part D – RESOURCES |
| In this section we ask for a breakdown of the grant you need to implement your proposal. Use the table on page 14 to calculate your total grant bid. The table will help us to provide you with the funding you need. |

|  |
| --- |
| Q16. Costs Please explain any assumptions you’ve made to calculate your costs. Include your estimates of the cost per person using your service or activity and monthly cash-flow.  Please use a separate sheet if necessary. |
|  |

|  |
| --- |
| Q17. Developing resources What other income or resources, including volunteers and other community assets, are you able to add to any grant funding? |
|  |

|  |
| --- |
| The grant that you need |
| Please complete this headline summary section to help us calculate your grant. You can supply further financial information if helpful. The Council is committed to full cost recovery by the organisations it funds, so it is important that you set out the direct and indirect costs associated with your proposed service or activity. Please include only those costs that are relevant to the current grant application. |

|  |  |
| --- | --- |
| **Section 1: Total Direct Service/Activity Costs** | |
|  | Total |
| **Salaries, wages and on-costs** (employer’s national insurance, pension costs) | £ 0 |
| **Travel and subsistence** (e.g. fares and food/out of pocket expenses) | £ 0 |
| **Other direct costs** (e.g. materials) | £ 0 |
| **Sub Total 1** | £ 0 |

|  |  |
| --- | --- |
| **Section 2: Total Indirect Services/Activity Costs** | |
|  | Total |
| **Premises and office costs** (e.g. office administration, depreciation, insurance, membership fees and subscriptions). NB Premises cost provided separately. | £ 0 |
| **Central function costs** (e.g. management and support services such as finance, HR and IT) | £ 0 |
| **Governance and strategic development costs**\* (e.g. attendance at partnership meetings, audit costs, legal fees, trustee expenses) | £ 0 |
| **Total general fund raising costs** (e.g. salaries and on-costs, events for raising unrestricted funds) | £ 0 |
| **Sub Total 1** | £ 0 |
| **Total cost of service/activity (1+2):** | £ 0 |

|  |  |
| --- | --- |
| **Section 3: Income from other sources** | |
| Earned income, other grant, fundraising, contribution from organisation’s own resources – please specify below: | £ 0 |

|  |  |
| --- | --- |
| **Section 4: Total grant applied for (1 + 2 - 3)** | |
| **GRAND TOTAL** | £ 0 |

|  |  |
| --- | --- |
| **Part D – DECLARATION** | |
| This must be signed by the appropriate authorised person in your organisation or consortium. This means either the Chair of your management committee, your Director, Chief Executive or someone of similar status.  By signing the application below, you declare that the information in and attached to this application is complete and correct. You also confirm that if the application is successful, you will enter into negotiation for a funding agreement to deliver your proposals.  The Prospectus or ReSource has a list of documents that you will be asked to supply with the application. If you don’t have all of these things, you may still be able to get a grant, ask for support or advice before making an application. | |
| **Surname:** |  |
|  |  |
| **First name:** |  |
|  | |
| **Signature:** |  |
|  |  |
| **Position in your group or organisation:** |  |
|  |  |
| **Date:** |  |
|  |  |
| **Telephone number:** |  |
|  | |
| **E-mail address:** |  |

|  |
| --- |
| **Making the application**  Information on how to make an application, who to send it to and the deadline for submissions can be found in the Prospectus that you seek funding from. |
| **Late applications**  Applications received by the commissioner after the date set out in the Prospectus will not normally be considered and may be returned to the applicant. |
| If you would like information about this grant-making process, or would like an accessible version of this application form, contact: Mike Bulpitt, Chief Executive of Community Action Isle of Wight on  01983 524058, or[mbulpitt@actioniw.org.uk](mailto:mbulpitt@actioniw.org.uk) |

|  |
| --- |
| *You can provide us with supporting documents and examples of your work.*  Please use this page to provide us with additional information when you answer the questions above, and to provide us with any other information that may be helpful. |
|  |