

**Covid 19**

**Community Grant**

**Sustaining Capacity**

**Application Form**

If you need help completing this form email: vcsgrants@redcar-cleveland.gov.uk

**THE APPLICANT –** *all information requested in this section must be provided*

|  |  |
| --- | --- |
| Name of organisation |  |
| Address & Post Code |  |
| Your name |  |
| Your daytime contact number |  |
| Your email address |  |
| Where did you hear about this grant? |  |

**ABOUT YOUR ORGANISATION**

When was the organisation established?

Organisation status:

*please provide the CIC or Charity registration number of your organisation, if appropriate.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CIC Number:** |   |  | **Charity Number:** |   |

Organisation aims and objectives

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|   |

Please describe here the service/activities normally provided by your organisation and how these may have changed/been impacted by Covid 19.

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|   |

How is the organisation managed?

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| --- |
|   |

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| --- |
| Staffing |
| Do you have paid staff? | How many full/part time | Are any currently furloughed? |
|  |  |  |
| Do you have volunteers? | How many – total average weekly hours |
|  |  |

|  |  |
| --- | --- |
| Where does your organisation meet?*if different from address shown* *in contact details* |  |
| What geographical area does yourorganisation cover? |  |
| How many members/service users are supported by your organisation? |  |
| How many of these live inRedcar and Cleveland? |  |

**FINANCIAL INFORMATION**

Please give details of any financial impact the pandemic has had on your organisation

|  |
| --- |
|  |

|  |  |
| --- | --- |
| What reserves does your organisationhave in place? |  |
| Reserves time period |  |

|  |  |
| --- | --- |
| Restricted funds (not including reserves) |  |
| Unrestricted funds (not including reserves) |  |

|  |  |
| --- | --- |
| Annual running costs |  |

**DETAILS OF YOUR REQUEST FOR FUNDING**

How is this funding going to be used?

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|   |

Amount of grant requested **£**

**BREAKDOWN OF EXPENDITURE**

What is your anticipated expenditure? E.g. staffing, equipment (this will need to be listed and costed),

room hire etc.

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| --- | --- |
| **Budget heading** | **Amount £** |
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|  |  |
|  |  |
|  |  |
|  **Total** | **£**  |
| If this grant is to be used as match funding please give details  |

How will this grant help with the Council’s plans to support recovery and sustain capacity of the VCS?

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|   |

How will you measure the impact made by the funding?

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|   |

Please state the amount of any other grants you have received for this specific project or for sustaining capacity of your core project in the last 12 months.

Please indicate which of the following groups your organisation supports and how in the table below:

|  |  |  |
| --- | --- | --- |
| Group type | Indicate if supported | Tell us how this group is supported |
| Older population |   |   |
| BAME communities |   |   |
| Shielded people |   |   |
| Clinical risk groups (including multiple morbidity/obesity) |   |   |
| Those with addictions |   |   |
| Wards with high levels of deprivation |   |   |
| Domestic Abuse |   |   |
| Mental Health (including causes of anxiety such as food poverty/ debt management) |   |   |

**SUPPORTING DOCUMENTS AND INFORMATION**

Do you have the following policies/procedures in place? **Please tick as appropriate. These documents will be requested if you application is successful**. *You may not need all of these policies depending on what you do*

*or the size of your organisation or group. If unsure please check with us.*

|  |  |  |
| --- | --- | --- |
| **Document** |  **YES** |  **NO** |
| Constitution/ CIC Articles – or a set of rules which demonstrate charitable /benevolent or philanthropic purposes |  |  |
| Public/Employee Liability Insurance Certificate |  |  |
| Do you have a financial/accounting system in place? (A group bankaccount). Please provide a recent statement. |  |  |
| Equality & Diversity policy |  |  |
| Health & Safety policy |  |  |
| Risk Assessments |  |  |
| Vulnerable Adult & Child Protection policy |  |  |
| Safeguarding Policy |  |  |
| Do staff/volunteers have DBS certificates? \* |  |  |
| Staff/Volunteer Supervision & Support policy |  |  |
| Staff/Volunteer Training & Development Policy |  |  |
| Management Committee recruitment and training  |  |  |
| Volunteer policy |  |  |
| Disciplinary Procedure |  |  |
| Do you have an Evaluation & Monitoring procedure in place? |  |  |

**\*If DBS certificates are in required we will need confirmation that this process is properly managed and will need to see the original DBS certificate of the person responsible for this. You will be asked to bring this into the office before any payment can be made.** *Please note alternative methods of checking will be in place during Covic-19 restrictions.*

If you have answered no to any of the above questions please give reasons or details of how you can demonstrate you are working towards adoption of the policy or procedure.

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|   |

 (Continue on a separate sheet if necessary)

|  |  |  |
| --- | --- | --- |
| Are you currently applying to any other organisations for funding for this project? | **YES** | **NO** |

If yes, please give details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Application** | **Source** |  | **Amount Requested** | **Expected decision date** |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |
|  |  |  | £ |  |

(Continue on a separate sheet if necessary)

**DECLARATION**

I confirm that the statements supporting this application are correct.

|  |  |
| --- | --- |
| Signed:  | Date:  |

|  |
| --- |
| Position in the organisation/group  |

**Please return the completed application form by email to:**

vcsgrants@redcar-cleveland.gov.uk

**or by post to:**

**Community Sustaining Capacity Grants,**

**Redcar and Cleveland Borough Council,**

**The Support Hub,**

**The Heart,**

**Ridley Street,**

**Redcar and Cleveland Borough Council,**

**TS10 1TD**