**Making Life Better through COVID 19**

**Community Networks in the Northern Area**

Short Term Funding Programme

**LEVEL 1** Application Form 2020-2021

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| --- | --- | --- | --- |
| Official use only: | |  | |
| GRANT APPLICATION NO: |  | Date Received |  |
| AMOUNT | £ | Time Received |  |

**PLEASE REFER TO THE ‘GUIDELINES FOR COMPLETION OF THE SHORT TERM FUNDING FORM’ AND ‘GENERAL GUIDANCE’ WHEN FILLING IN THE APPLICATION**

PLEASE **PRINT** IN BLACK INK OR TYPE FOR EASE OF PHOTOCOPYING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Group/Organisation (as it appears on your governing document) | |  | | | |
| **Confirm that you are not-for-profit operating in the community / voluntary sector?** | | I confirm this is a not-for-profit community/voluntary sector group/organisation. |  | | |
| **Contact person** | |  | | | |
| **Position in Group/Organisation** | |  | | | |
| **Address** | |  | | | |
| **Postcode** | |  | | | |
| **Telephone Number** | |  | | | |
| **Alternative Contact Number** | |  | | | |
| **Email Address** | |  | | | |
| **Website** | |  | | | |
| **Charity registration no. (if applicable)** | |  | | | |
| **Has your income in the last year been less than £100,000** | | **Yes** (please provide evidence) | | |  |
| **No** (if no you are unable to apply) | | |  |
| **Can this project be completed by 29th January 2021** | | **Yes** | | |  |
| **No** (if no you are unable to apply) | | |  |

**Please state whether you are applying to more than 1 Community Network in the Northern Area**

|  |  |
| --- | --- |
| **Network (s) applied to:** | **Amount applied for:** |
|  |  |
|  |  |

**Please provide background information on your group/organisation (maximum 200 words)**

1. **Title / Name of Proposed Project:**

|  |
| --- |
|  |

1. **Summary of proposed project / Please tell us what it is you want to do (e.g. 1 x 6-week emotional wellbeing project)**
2. **Why is your project needed? (what evidence have you gathered to support this project – e.g. your meetings/ local issues/ focus group/ feedback etc.)**

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1. **Applicants MUST evidence how their project will meet one or more of the advised themes?**

|  |  |
| --- | --- |
| **Theme 1:** Projects that encourage communities to be pro-active in promoting positive mental & emotional well-being & suicide prevention through working with the Take 5 Steps to Well-being. Please evidence | |
| Connect: |  |
| Keep Learning: |  |
| Be Active: |  |
| Take Notice: |  |
| Give: |  |
| **Theme 2:** Projects that build sustainable resilient communities | |
| Organization: | Session(s): |
| Organization: | Session(s): |
| Organization: | Session(s): |
| (please tick) I confirm that the trainer/tutors or facilitators have the relevant background/qualifications/knowledge/ experience and insurance to deliver the training/facilitation& all session plans are included with this application | |
| **Theme 3:** Projects that promote innovative interventions/programmes that promote positive mental & emotional well-being & suicide prevention & promote recovery from COVID 19 | |
|  | |

1. **Main geographical area (s) targeted for this proposal / application by town/area and Council.**

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1. **Is your target area specific to any of the ‘Top 20% most deprived. Super Output Area’s (SOA) (Please refer to the attached list of the top 20% most deprived Super Output areas (Table 1/ page 9 & 10 of Guidance for completing Application) in your area)**

**Yes**  **Please specify relevant SOA’s below**

**No**

|  |
| --- |
| **Super Output Area** |
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1. **Target Groups: Please select the main beneficiaries by ticking only one of the following**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Please Tick |  | Please Tick |
| Male |  | Elderly (65+) |  |
| Female |  | Disabled people |  |
| Pre-school children |  | LGBTQ+ |  |
| Under 18’s |  | Carers |  |
| Adults |  | Black and Minority Ethnic |  |
| Vulnerable groups (please state) |  |  |  |

1. **How will the project be monitored and evaluated? Please provide information on any relevant measurement tools used e.g. questionnaire, survey, etc.**
2. **Detailed budget breakdown of funding requested.**

(breakdown of each unit essential, including catering cost per person if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Item / Activity** | **Name of Trainer / Provider** | **Cost of each unit**  **(e.g. hourly rate / session rate etc.)** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Totals** |  | **£** | **£** |

**10.**

|  |  |
| --- | --- |
| **How many people will benefit from the project?** |  |
| **How many volunteers will be involved in the running of the project?** |  |
| **How many volunteer hours will be accrued?** |  |

**11. Please state if your group / organisation is receiving ‘current’ funding from another Public Health Agency, HSC board, HSC Trust or Community Network source:**

|  |  |
| --- | --- |
| **Funding Body** | **Date and Amount Received** |
|  |  |
|  |  |

**\*All projects awarded MUST complete by 29th January 2021 with return of all invoices by this date. All evaluations MUST be submitted by 26th February 2021**

**Please confirm that no volunteers or paid staff within your organisation will personally receive financial gain from this project** (please tick)

**By signing the declaration, applicants are agreeing to the following terms:**

* To abide by the details set out in the Short Term Grants Programme Guidance Notes
* That if successful, funding will only be paid out to facilitators identified in this application, and for activities proposed in this application and approved in a letter of offer, **your organisation will not be paid directly**
* All media content in the proposed application (e.g., leaflets, posters, etc.) must be approved by CWSAN before printing, to ensure appropriate use of CWSAN and PHA logos, please allow 10 days for this.
* Requests for amendments to the proposed application must be submitted to CWSAN in writing, and if accepted, approval will be provided in writing, activities will not be funded without prior approval.

**Authorised Signatures / Declaration**

Please ensure two duly recognised officers / committee members in your organisation sign this application form. The signatories must be: (a) a contact person for the organisation who is familiar with the application (b) the person who will sign the contract/letter of offer agreement if your application is successful.

|  |  |
| --- | --- |
| Name 1 | Name 2 |
| Signature 1 | Signature 2 |
| Designation 1 | Designation 2 |
| Tel | Tel |
| Email | Email |
| Date | Date |

**Closing date for receipt of application**

**Thursday 6th August 12noon**

Ensure you read and fully understand the guidance notes and terms and conditions included with your pack before submitting this application.

Please note it is your responsibility, to ensure that all the information required is provided in your application form. Late submission of supporting documentation will not be accepted, and your application will not be eligible for assessment

|  |  |
| --- | --- |
| **Checklist** - applicant must complete this checklist before submission | |
| 1. Have you filled in all areas of the form appropriately? |  |
| 2 Has the form been signed by **two** duly recognized officers? Electronic applications accepted |  |
| 3. Have you clearly described your project? |  |
| 4. Have you provided a full breakdown of costs at Q9? |  |
| 5. Have you detailed how you intend to evaluate your project? |  |
| 6. Have you left a contact telephone number where we can reach you  between 9 - 5 on weekdays? |  |
| 7.Have you left a valid and active email address for the contact person for the project? |  |
| 8. Have you provided details of trainers/ facilitators and a session plan? |  |
| 9. Have you provided evidence that your total annual income in the last year was less than £100,000 |  |
| **\*Please ensure you have included the following (if relevant to your application / group)** | |
| 10. A copy of your constitution |  |
| 11. A list of your committee members |  |
| 12. A copy of you last financial statement/ accounts |  |
| 13. A copy of your Child Protection Policy and Vulnerable Adult Policy (if appropriate) |  |

**Please send your completed application with all relevant documentation to:**

**CWSAN**

**Unit 2**

**80/82 Rainey Street**

**Magherafelt**

**BT45 5AJ**

**Application Forms can be emailed to** [**denise@cwsan.org**](mailto:denise@cwsan.org)Emailed applications will be accepted with a request for original signature at letter of offer stage. **Please remember to keep a copy of this application for your own record.**

**Please note CWSAN Offices are currently closed due to Covid and hand delivered applications cannot be accepted.**