

Application Form

Voluntary and Community Grants 2010/2011

Small Grant

Please complete the black sections only

For Organisations applying for grant funding of £2,000 or less

Medium Grant

Please complete the black and blue sections only

**For Organisations applying for grant funding
in excess of £2,000 and less than £10,000 per annum**

Large Grant

Please complete the black and blue and red sections

**For Organisations applying for grant funding
in excess of £10,000 per annum**

OUR HARROW
OUR COMMUNITY
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VOLUNTARY AND COMMUNITY GRANTS 2010/2011

Application Form

Please tick the size of the grant funding required

£2000 or less

Excess of £2000 - less than £10,000

Excess of £10,000

- Please read our “Information to Grant Applicants” carefully before completing this form to ensure that your Organisation is eligible and the activities for which you are seeking funding, match our general Conditions of Grant Aid and Funding Priorities.
- Please ensure that all relevant sections of this application form are completed.
- Please ensure that two authorised members of your Organisation, one of whom must be a member of your management committee (i.e Chair, Treasurer, or Secretary) sign the Declaration in Section 10 of this form.
- Please note that you are not required to submit supporting evidence/documents at this stage. Relevant documents as listed in Section 3 of this application form will be requested if your application is successful.
- **PLEASE NOTE:** The Grant will be withdrawn if the correct supporting documents are not submitted by the agreed deadline. *(Please refer to the enclosed “Information to Applicants” for details).*
- Please ensure you keep a copy of your completed grant application form.

Please return the completed form to:

Grants Team, Harrow Council
Room 227, Civic Centre Station Road,
Harrow, HA1 2XF

Email: grants.grants@harrow.gov.uk
www.harrow.gov.uk/grantsprogramme

Closing date:

Friday 30th October 2009

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Eligibility Criteria

Do you meet the following criteria?

“Grant aid is available to support voluntary and community organisations to deliver services, where this resource is for the benefit of people living, working or schooling in Harrow.”

YES NO

1. Organisation Contact Details

Name of Organisation			
Organisation Address	Postcode:		
Address for Correspondence (if different to above)	Postcode:		
Fax		Website:	
Contact Person 1		Position in Organisation	
Telephone		Email	
Contact Person 2		Position in Organisation	
Telephone		Email	

Name of Organisation: Please give the full name as it appears on your governing document, such as constitution, memorandum of understanding, etc. This should be the name of the organisation that will receive and sign the grant agreement or service level agreement, if the application is successful.

Organisation Contact Details: The contact person should be a member of the management committee or a senior employee of the organisation. They must have the authority to complete this application on behalf of the organisation. During the course of our assessment we may wish to contact you, so please ensure that the contact details you provide are correct.

2. About your Organisation

a. How would you define your organisation? Please tick which ones of the following applies to your organisation. You may need to tick more than one.

Company limited by guarantee Reg. No:
 Friendly society
 Registered charity
 Residents Association
 Mutual Society
 Partnership (please describe)
 Part of a regional or national organisation
 Other (please describe)

b. When was organisation set up? Month Year

c. Briefly describe the purpose of your organisation.

a. Defining your Organisation: Please state how you would define your organisation. If your organisation is a registered charity as well as a company limited by guarantee, you must tick both boxes and provide the registration numbers. If your organisation is neither but has a written constitution, you must tick “Other” and describe your organisation as an unregistered organisation. As evidence, you will need to submit a copy of your constitution or Memorandum and Articles of Association if your application is successful. You also need to indicate if your organisation is part of a regional or national body.

c. Briefly describe the purpose of your organisation: Please explain the purpose of your organisation and what you are trying to achieve, i.e. your overall aims and objectives.

3. Policies and Procedures

Please confirm that you have all of the following policies/statements and procedures in place?

- A constitution/memorandum and article of association/deeds of trust
- A bank account in the organisation's name
- Policies for the protection of children and vulnerable adults (if relevant)
- Health and safety
- Appropriate insurances and indemnities procedures (if relevant)
- Written statement of commitment to equal opportunities
- Certified or audited accounts from the previous year (by an independent person). If your organisation has been running for less than 15 months, you may not be able to give us this so in these cases we will accept a 12-month financial projection for the year when you will spend the grant
- Employment and staffing policies and procedures, which address the recruitment and selection, and training of staff and volunteers
- System to monitor the quality of services delivered

4. About the Proposed Service

a. Name of proposed service

b. Is this a new service? YES NO

c. What needs have you identified for this service?

d. How will your service address these needs?

PLEASE NOTE: You are not required to submit supporting documents at this stage. Successful applicants will need to submit this information once a grant has been recommended at the relevant Grants Advisory Panel meeting (subject to agreement by Cabinet).

PLEASE NOTE: The Grant will be withdrawn if the correct supporting documents are not submitted by the agreed deadline. (Please refer to the enclosed "Information to Applicants" for details).

a. Name of proposed service:

Please give your service a short title that best describes what will be delivered. Try to make it unique to your service.

c. Need for this Service: Please explain how you know that your targeted users/beneficiaries need this service. Please provide evidence that you have gathered and used to justify the need for this service, for example:

- feedback from your users
- consultation
- local or national research

d. How will your service address these needs?: Please explain the purpose of your activity and how it will address the need you have identified.

e. Which one of the following funding priorities and outcome will your project/service address?

(Please tick ONLY one)

Funding Priority	Expected Outcomes	Please tick
Economic Development in Harrow	<ul style="list-style-type: none"> • People have better chances in life – with better access to training and development to improve their life skills. 	<input type="checkbox"/>
An Improving Environment	<ul style="list-style-type: none"> • Improve local biodiversity – active management of local sites 	<input type="checkbox"/>
Every Harrow Child	<ul style="list-style-type: none"> • Reduce crime and anti-social behaviour amongst young people and provide support for young victims of crime; • Provide activities and services within the wider community. 	<input type="checkbox"/> <input type="checkbox"/>
Culture, Communities and Identity	<ul style="list-style-type: none"> • Enable people from different backgrounds to get on well together; • Increase adult participation in sport; • Increase engagement in arts; • Enable people to access local services through the provision of advice and support; • Reduce crime; • Reduce domestic violence; • Develop mutual support and independence within the community. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Health, Wellbeing and Independence	<ul style="list-style-type: none"> • Sustain and improve the health and well-being of vulnerable people, i.e. older people, people with disabilities or terminal illnesses, etc; • Provide employment opportunities or training for employment for adults with learning disabilities; • Provide sports and physical activity for children and young people; • Provide preventative mental health services for children and young people. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The Future of Public Services and Democracy	<ul style="list-style-type: none"> • Provide language support to people whose first language is not English (ESOL); • Provide volunteering opportunities. • Build the capacity of the voluntary and community sector. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

f. Please explain how your service will address this outcome.

Please consider one of the following:

1. What difference will this service make to the beneficiaries' lives?

Please explain the benefits or outcomes that you expect to achieve from your proposed service, for example:

- Greater independence;
- Participants gain a qualification;
- Acquire a new skill.

2. How will the service build the organisation's capacity?.

For example:

- Increase volunteering
- increase training and development opportunities for volunteers and paid staff
- improve the infrastructure of the organisation.

Please link this to the funding priorities and expected outcomes.

5. Service Delivery

a. Where will your service be delivered? **(Please list all venues)**

b. Who will it be delivered by?

Volunteers Paid staff Both

c. If the service is to be delivered by a paid member of staff, are they

New Existing

d. How will your service address the needs of Harrow's diverse community?

e. How will you know that the service has been successful?

a. Where will your service be delivered?: Please state where your activities will happen. If your service covers a number of venues, please give details.

d. How will your service address the needs of Harrow's diverse community?: The Borough of Harrow consists of diverse communities, many of which are excluded from participating in aspects of daily life. For example, some communities may have difficulties accessing local services for various reasons. Please consider and/or explain the following, if relevant to your service:

- How will you ensure that your service is accessible and appropriate for Harrow's diverse community;
- If you have identified any groups who could benefit but are less likely to take part, explain why this is the case and what you will do to address it;
- How you will plan to promote or publicise your service;
- If you are targeting your service at a particular community, please explain why?

e. How will you know that the service has been successful?: Please explain how you will know that your service has been successful in meeting the needs that you have identified.

6. Who will benefit from the Service?

a. How many people will benefit from this service?

b. Please indicate which of the following groups will benefit from your activities:

<p>ASIAN OR ASIAN BRITISH</p> <p><input type="checkbox"/> Afghani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Sinhalese</p> <p><input type="checkbox"/> Sri Lankan Tamil</p> <p><input type="checkbox"/> Any other Asian background – please specify</p>	<p>BLACK OR BLACK BRITISH</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Ghanaian</p> <p><input type="checkbox"/> Nigerian</p> <p><input type="checkbox"/> Somali</p> <p><input type="checkbox"/> Any other Black background – please specify</p>
<p>MIXED</p> <p><input type="checkbox"/> White and African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> White and Caribbean</p> <p><input type="checkbox"/> Any other Mixed background – please specify</p>	<p>WHITE</p> <p><input type="checkbox"/> Albanian</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Gypsy/Roma Traveller</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Irish Traveller</p> <p><input type="checkbox"/> Polish</p> <p><input type="checkbox"/> Romanian</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Serbian</p> <p><input type="checkbox"/> Any other White background – please specify</p>
<p>OTHER ETHNIC GROUPS</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Iranian</p> <p><input type="checkbox"/> Iraqi</p> <p><input type="checkbox"/> Kurdish</p> <p><input type="checkbox"/> Lebanese</p> <p><input type="checkbox"/> Other Arabs</p> <p><input type="checkbox"/> Any other Ethnic group – please specify</p>	

c. Which one of the following groups will benefit from your service?

Gender: Male Female

Age

Under 5's	5-16	17-25	26-35	36-45	46-55	56-65	65+

Disabled: YES NO

7. Cost of Service?

a. How much funding are you requesting?

b. What is the total cost of the proposed service?

c. Please complete the proposed service breakdown below

PROPOSED SERVICE BREAKDOWN			
EXPENDITURE CATEGORIES	ITEM DESCRIPTION	QTY	COSTINGS £
Staffing Cost			
	Sub Total		
Volunteers expenses			
	Sub Total		
Overheads (e.g. utility bills/maintenances/repairs)			
	Sub Total		
Legal and professional fees, insurance			
	Sub Total		
Venue			
	Sub Total		
Project Costs (e.g. Materials/stationery/printing/refreshment)			
	Sub Total		
Other Expenses			
	Sub Total		
Total Cost of Service			

d. Has your organisation secured funding or do you have plans to raise funds from other sources for this or similar services for the benefit of Harrow's diverse community?

YES NO

If YES please complete the table below:

FUNDRAISING CATEGORIES	PURPOSE	PROJECTED ANNUAL INCOME	FUNDING CONFIRMED Y/N
Fees and Charges			
Donations			
Sponsorships			

FUNDING BODY (please list names below)	PURPOSE	PROJECTED ANNUAL INCOME	FUNDING CONFIRMED Y/N

PLEASE NOTE: This information will not be used as part of the assessment process.

8. Future of the Service

Please explain how you plan to continue with this service when this funding has ceased.

This information will allow the Council to gain a better understanding of which external Funders are supporting local services.

Apart from applications to other grant-funding bodies, what other efforts have been made to ensure your services can be sustained in the future and/or become partially self-funded.

9. Professional References

Please provide the contact details of two organisations that you currently provide services to, work with or receive funding from.

Please note that this should not be from the following:

- A personal reference – from a friend or relative
- A member of the Grant Advisory Panel

REFERENCE 1	
Name of Contact	
Organisation	
Address	
Telephone Number	
Email Address	
Connection with the organisation	
REFERENCE 2	
Name of Contact	
Organisation	
Address	
Telephone Number	
Email Address	
Connection with the organisation	

10. Declaration

We, on behalf of our Organisation, declare that all the information provided in this grant application form is correct and complete to the best of our knowledge and acknowledge that if a grant is awarded to our Organisation, it will be used exclusively for the purposes described. We also acknowledge that we will inform the relevant officer of Harrow Council of any changes in the Organisation's circumstances that would affect this application or the use of any grant funding relating to it.

Please ensure that two authorised members of your Organisation, one of whom must be a management committee member (i.e. Chair, Treasurer or Secretary) sign the declaration below:

Print Name:	
Position in Organisation:	Date:
Print Name:	
Position in Organisation:	Date:

