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| For Official Use Only: SB Grant App V1 2019-04 |
| Amount Requested: | Ref: |

**PLEASE NOTE:** Please read the **eligibility criteria** and relevant **guidance notes** carefully before completing your application.

If you require more support or guidance to fill in this form please contact our Communities and Social Growth Team on 0151-443-3856/4609 or by emailing jacqui.meadows@knowsley.gov.uk / Jeff.sayers@knowsley.gov.uk. KCVS ([www.kcvs.org](http://www.kcvs.org) or 0151 489 1222) are also available to provide help and support to local community or voluntary groups with grant applications.

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| Short Breaks: Small Grant Application Form (2019/20) |
| Applicant Information |
| Name of Applicant: |
| Role in the Group/Organisation: |
| Address (if different from below): |
| Postcode: | Phone: |
| Email address: |
| Group/Organisation Information |
| Name of Group/Organisation: |
| Address: | Phone: |
| Postcode: | Website: |
| Email address: |
| How would you describe your Group/Organisation? Tick all that apply:🞏 Registered Charity – Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Voluntary/Community/Faith Group 🞏 Support Group/Parent Group🞏 Registered Company – Registration Number: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Other (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What are the main aims and objectives of your group/organisation? For what purpose was the group/organisation set up in the first place? (please use no more than 250 words):
 |
| Activity/Project Information |
| Please indicate **which category/categories** (as per the Eligibility Criteria document) your application applies to:🞏 Delivering support to parents/carers/siblings of children with a disability 🞏 Championing the voice of children and young people with a disability🞏 Support for transition from children’s services to adult services 🞏 Support for specialist disability-friendly sports/arts/drama/cultural provision |
| Name of the activity/project: |
| Address where the activity/project takes place (if different from Organisation address): |
| Postcode: |
| Contact/Social Media details: |
| 1. Please tell us about the activity/project(s) to which this application relates (please use no more than 500 words):
 |
| 1. Please describe what outcomes you intend to deliver for both parents/carers/siblings and disabled children in Knowsley, and how you will monitor these (please use no more than 500 words):
 |
| 1. Please tell us how you will seek the views of parents/carers/children/young people on how well you are meeting the intended outcomes detailed above (please use no more than 500 words):
 |
| Delivery Information |
|  Area(s) of the borough where the project is delivered (tick all that apply):🞏Kirkby 🞏Huyton 🞏Whiston/Prescot 🞏Halewood 🞏Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Days the project is delivered (tick all that apply):🞏Mondays 🞏Tuesdays 🞏Wednesdays 🞏Thursdays 🞏Fridays🞏Saturdays 🞏Sundays |
| Frequency (e.g. weekly, monthly, etc.): |
| 🞏 During school hours 🞏Outside of school hours |
| 🞏 Term time only 🞏 School holidays only 🞏All year round  |
| Expected group size: |
| Ages of the children that will benefit from your group/activity (e.g. 0-5, 5-11, 12-15, 16-25, etc.): |
| Financial Information |
| Grants of **up to £10,000** can be applied for under this application |
| Financial Reserves: Please give details about the level of free reserves (unrestricted and undesignated funds) held by your organisation - both the total amount and also the amount in terms of number of months running costs |
| Free reserves held (total amount): £ |
| Number of months running costs this equates to:  |
| Amount of funds held by your organisation which could be used for this project/activity: £ |
| 1. Please tell us about what it costs to run your project(s)/activity:

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| --- | --- | --- |
| **Cost Type** | **Cost** | **Notes** |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
| 1. **Total Cost**
 | £ |  |

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| 1. Please tell us about any other funding you have applied for, receive already, or are due to receive (please refer to the guidance document on what needs to be listed in this section).

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| --- | --- | --- | --- | --- |
| Name of organisation / funding body | Unsuccessful | Receivedalready | Due to be received | Amount |
|  | 🞏 | 🞏 | / / |  |
|  | 🞏 | 🞏 | / / |  |
|  | 🞏 | 🞏 | / / |  |
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|  | 🞏 | 🞏 | / / |  |
|  | 🞏 | 🞏 | / / |  |
| 1. **Total**
 |  |

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| Summary of financial elements:

|  |  |
| --- | --- |
| 1. Total cost from question 5
 | £ |
| 1. Total income from question 6
 | £ |
|  Shortfall of (a) – (b) | £ |
| 1. **Total requested from Short Breaks grants**
 | **£** |

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| 1. Please tell us about how you currently, or are planning to, make your project/activity sustainable, and what your plans are for when the funding period ends (please use no more than 500 words):
 |
| 1. Please say what would happen if your funding application was only partially successful or unsuccessful (please use no more than 500 words):
 |
| Please note that your group/organisation **MUST** have a separate bank account for the purposes of serving the group/activities you undertake as this will be the account that any successful grant is paid into. This must **NOT** be a personal bank account and must have co-signatories in order to administer funds.🞏 I can confirm that the group/organisation has a separate bank account with co-signatories; that is used for the sole purpose of administering funds for this group/activity. |
| Insurance/Policy information |
| Please tick to indicate which documentation you have and the amounts that this covers (where shown):🞏 Public Liability Insurance

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| --- | --- |
| Name of Insurer |  |
| Policy number |  |
| Date of policy |  |
| Policy Limit of Indemnity |  |

🞏Employer Liability Insurance (where appropriate)🞏 DBS clearance for all staff and volunteers🞏 DBS certificates are checked for all external trainers, mentors, tutors, etc.🞏Equality and Diversity Policy 🞏Health & Safety Policy🞏Constitution 🞏 Constitution that includes H&S and E&D🞏Vehicle Insurance 🞏Accident and Emergency Procedures |
| Please tick to indicate what training staff/volunteers have had:🞏Equality & Diversity 🞏Health & Safety 🞏Safeguarding Adults🞏Safeguarding Children 🞏Information Security 🞏Fire Safety |
| Privacy Notice |
| The information you have supplied in this form will be used to process your grant application. In order to make a decision on your application some of the de-personalised information provided may go into a public decision report. In addition, your application form may be shared with third parties and partner agencies who will be involved in the decision-making process or whom can verify specific facts within your application.In addition we may be required to disclose information outside the Council to help prevent fraud, or if required to by law.We may not be able to process your application if you do not provide all the requested information.Grant applications will be retained for a maximum of 6 years (plus current year).Information will be retained on a database at Knowsley Metropolitan Borough Council for statistical and monitoring purposes.Under the Local Government Transparency Code 2014 we are required to publish anonymised details of all successful grants on KMBC’s website. |
| Declaration |
| 🞏I am authorised to apply for the grant set out in this application🞏I confirm the following:* All the particulars and information given in this application form are correct;
* I will inform Knowsley Metropolitan Borough Council if any of the particulars and information given cease to be correct;
* I have read and understand the accompanying Terms and Conditions and agree to provide a report detailing the outcomes of any grant funding

🞏I understand that the grant applied for is for this year only (2019/20), with no expectation of funding in future years🞏I agree to the Privacy Note aboveName of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Submission Information |
| **DEADLINE FOR APPLICATIONS: 5PM, 14TH JUNE 2019**Please check to ensure all of the sections have been completed correctly and to the best of your understanding. Unfortunately, we will be unable to amend any applications or receive any corrected applications once the grant application window has closed. Please refer to https://www.knowsley.gov.uk/residents/care/help-for-children-with-disabilities or the Local Offer website (<https://www.knowsleyinfo.co.uk/categories/knowsley-local-offer-send>) for details of all dates for submission of grant funding.Once you are happy with the submission, please either **email** your completed application form to paul.simon@knowsley.gov.uk or **post** the application form to:Paul Simon – Commissioning ManagerShort Breaks Small Grant ApplicationsKnowsley Council4th Floor Municipal BuildingsArchway RoadHuytonL36 9YU |
| Evaluation Process: Short Breaks Grant Panel |
| All applications will be considered by the multi-agency Short Breaks Grant Panel, which will consist of Parent/Carer representatives and members of the Council’s Whole Life Commissioning Team and Early Help Team. Clarification may be sought from applicants on specific queries raised with applications at the Short Breaks Grant Panel.Applications will be evaluated on both cost and quality considerations, in the context of how the activity/project complements the wider Short Breaks programme, and adherence to the eligibility criteria.Feedback will be given to all applicants, successful or not, as soon as possible following the Panel’s decision. |