****

 **Wellbeing Grants**

**Ref: WG**

(For Internal use only)

**GRANT APPLICATION FORM**

**Please read guidance notes before completing this form.**

**1. Contact details**

|  |  |
| --- | --- |
| Full name of Group / Organisation: *(As stated on your constitution)* |  |
| Address:*(This is where all correspondence will be sent unless otherwise specified)*Postcode: |  |
| Contact details: | Main contact person: |  Alternative contact person: |
| Address if different from above: |  |  |
| Position in group: |  |  |
| Daytime telephone number: |  |  |
| Mobile or other number: |  |  |
| E-mail address: |  |  |
| Group’s website: |  |  |

**2. Your group**

|  |  |
| --- | --- |
| When did your group start?  | Month: Year: |
| How often does your group meet? |  |
| Does your group have a set of rules / constitution? *(If not, support is available – see guidance notes)* | Yes / No |
| How many paid staff do you employ?How manymanagement committee members do you have?How many members do you have?How many **volunteers** do you have? | Full-time: Part-time: |
| ***It is your responsibility to meet all legal and liability requirements necessary to run your group’s activities.*** *Does your group/organisation have all the policies, procedures and insurances relevant to the group’s activities? Please mark relevant boxes:* Vulnerable Adults Safeguarding Policy Health & Safety Equality & Diversity Public Liability Insurance Data ProtectionOther (please specify): ……………………………………….............................................................*(Do not submit copies now but you may be asked to produce copies of all policies you have in place if required at a later date)* |
| What is your Group’s current income or income over the past year? *(Submit evidence and provide copy of your last bank statement)* | Year Income: £  |
| Please give a brief description of the main activities of your group / organisation: *(Please use a separate sheet if required)* |

**3. About the project or activities you are planning**

***(Your activities must meet at least one of the priorities identified in the guidance document)***

|  |
| --- |
| What is your project about? Describe the idea you have: |
| When will the project take place? Start date: End date: |
| Where will the project / activity take place? *(If you will be providing virtual support please explain how this will be carried out).*  |
| Why is your project/activity needed? Does anything like this already exist? How do you know that people in your community want this project or activity? *(What consultations have you done? Who did you engage with?)*How do you plan to sustain (continue) your activity beyond the Wellbeing Grants scheme? |
| Although not essential, match funding for the project is encouraged *(in cash, equipment, in kind, etc.)* Please let us know details of any match funding proposed for the project.  |

**4. Project Costs**

|  |  |
| --- | --- |
| What is the total cost of your project? |  |
| How much do you want to apply for from the Wellbeing Grants scheme?***Fast Track Grant up to £2000*** |  |
| If this application does not cover the full cost please provide evidence of match funding. |  |
| What will the Grant be spent on? Please list everything you intend to purchase / spend the money on *(****Please submit written estimates/quotes for all items and services****)***TOTAL** | Item Cost (£)  |

**5. Your bank details**

|  |  |
| --- | --- |
| Account name:*(The grant will be paid by BACS transfer into this account. Please note: we will not make payments to individual bank accounts)* |  |
| Name of bank: |  |
| Account number:  |  |
| Sort code:  |  |

**6. Declaration**

Please ensure that the application is signed by two people from your organisation. At least one must be from the Management Committee (preferably by the Chair or Secretary and the Treasurer) or Board of Directors.

|  |
| --- |
| * *We confirm that we are duly authorised to sign this declaration on behalf of the applicant Organisation.*
* *We certify that the information provided is accurate and true*
* *We agree to abide by the terms and conditions of any grant made as set out in this application form and in any Memorandum of Agreement for this project*
* *We understand that if it becomes evident that the information was misleading then all funds can be withdrawn*
* *The applicant will ensure that they will comply with all applicable laws and regulations relating to data protection, privacy and security, including the Data Protection Act 2018 and the General Data Protection Regulation 2016*
 |

**Signed:**

**Print Name:**

 **Position in Organisation** **Date**

 **Position in Organisation** **Date**

**Signed:**

**Print Name:**

**7. Checklist**

|  |  |
| --- | --- |
| **You MUST enclose the following information with this form:** | **Please tick** |
| Constitution or governing document |  |
| Accounts or statement of income and expenditure for last year or months of existence and a copy of your most recent bank statement |  |
| Name and contact details of a person/organisation who can be contacted for reference purposes |  |
| Written estimates for all items and services you intend to purchase |  |

**NOTE:** Please read the guidance document of the Wellbeing Grants scheme. All sections of the application form must be completed. Please use separate sheets if you are unable to insert all the information in the space provided on the form. **Failure to include all supporting information / documents requested may delay your application or it may mean your application is not considered at all.**

Please return completed forms and **ALL** supporting documentation to the following address:

grants@cnet.org.uk or send postal applications to:

**Sanaa Jafry**

**CNet, Enterprise Hub Building**

**114-116 Manningham Lane**

**Bradford**

**BD8 7JF**