**Best Start for Life Community Funding 23/25**

**Small Grants Application Form**

**(Up to £10,000)**

*Please complete all sections of the application form. If your application is incomplete there will delay in the process, and it may be returned to you. Action Together, on behalf of the funders, reserve the right to check on the eligibility of groups applying for a grant and, therefore, may ask for extra information as part of our due diligence process.*

**Section 1: Organisation’s details**

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| * 1. **Contact details** | | |
| **Name of organisation:** |  | |
| **Contact person/s:** | Contact 1 (main contact) | Contact 2 |
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| **Position in the group:** |  |  |
| **Contact address for the group:** |  | |
| **Contact Tel:** |  | |
| **E-mail:** |  | |
| **Website:** |  | |
| **Facebook:** |  | |
| **Twitter:** |  | |
| * 1. **What is the legal / charitable status of your group?** | | |
| **Charity**  **Company limited by guarantee Company number ……………..**  **Charitable Trust**  **Community Association**  **Community Interest Company Registered number …………….**  **Constituted Group**  **Co-operative**  **Friends Society**  **Registered Charity Registered number ……………….**  **Charitable Incorporated Organisation**  **Not Constituted**  **Social Enterprise** | | |

**Section 2: Project Details**

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| **2.1 What is the name of the project or activity you are seeking funding for?** | | | | |
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| **2.2 Organisations will be expected to meet the below values and expectations of this grant. Please tick which of these values your organisation meets/commits to meet and expectations that your organisation will uphold if your application is successful.** | | | | |
| Your proposal should show connections with diverse communities. | | | |  |
| Your proposal should demonstrate strengthening sustainable peer support in the communities. | | | |  |
| Your organisation should be connected with the existing Perinatal and Parent Infant Mental Health (PPIMH) offer or should be willing to join a community learning network around the topic. | | | |  |
| **2.3 What is the main aim of your service/project and how will you achieve it?**  *What are you trying to achieve, who will benefit and how will you do it? Think about the priorities of the grants and how you will meet any one of these.*  (max 300 words) | | | | |
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| **2.4 How do you know your project is needed?**  *What consultation have you done with your proposed beneficiaries?*  (max 300 words) | | | | |
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| **2.5 How will the service/project reach people, and what experience does your organisation have that makes you the best placed to deliver the service/project?** *Think about how connected to the Family Hub developments your organisation is currently, and how your organisation will improve this if awarded a grant.*  (max 300 words) | | | | |
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| **2.6 Where will your project be delivered within the Tameside area?**  *Please be specific.* | | | | |
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| **2.7 Will you be working in partnership with other organisations? Yes/No**  *If yes, please list your partners and outline what role they will have in the project.* | | | | |
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| **2.8 Who will benefit from your service/project and how many people do you expect will benefit from your project / service**? | | | | |
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| **2.9 Timescales – when will your project start and finish?**  *The start date should be within four months of your application.*  *Both start and end date must be specific for reporting requirements.* | | | | |
| **Start:** |  | **End:** |  | |
| **2.10 Monitoring and Evaluation**  **Evidence will be required to demonstrate how your project:**   * Meets the Best Start for Life Community funding priorities and * Supports parents with 0-2 year olds facing challenges relating to the experiences and relationships with their developing baby   **How will you monitor the progress and measure the success of the project?**  Including:   * How you will manage finances * How you will plan for the delivery and implementation of your project * How you will measure what you have delivered (outputs) * How you will evidence that your project has made a difference (outcomes)     **An interim progress update, end of project report and case study will be required, as well as photographic/video evidence, where applicable.**  (Max 300 words) | | | | |
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**Section 3: Financials**

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| **3.1 Please provide a detailed breakdown of how you will spend the grant.** | | |
| **Budget heading**  (e.g. Equipment, salary, etc) | **Breakdown of activity and costs**  (how have you worked out your costings?) | **Amount requested £** |
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| **TOTAL** | |  |
| **3.2 Please provide details of any match funding or in-kind support that will also contribute to this project?** (please detail whether this is money or volunteer time (estimated equivalent £11.09 per/ hr – NCVO figures), rent free room hire, other resources) | | |
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| **3.3. What ideas have you got for making your service/project sustainable or getting more funding after the money has been spent?**  (200 words) | | |
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**Section 4: Final questions**

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| **Does anyone on your management committee / board have a prior connection, affiliation or interest in Action Together or the Multiagency Best Start For Life PPIMH Steering Group? Yes/No**  **If yes, please state relationship:** |
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| **Have you applied to Action Together for funding previously? Yes/No**  **If yes, please state which fund:**  Please note that if there are any outstanding reporting requirements for previously funded projects, this may affect the decision made on your application. |
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| **Have you applied for funding for this project elsewhere? Yes/No**  **If yes, please state which fund:** |
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**Section 5: Check list**

Please confirm that your organisation has the relevant supporting information required by the funder. All successful applicants will be required to supply a copy of these documents as part of the grant agreement, prior to any funding being released.

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| **Required supporting information** | **Please tick** |
| Governing document (constitution / terms of reference) that has been signed by two or more members |  |
| Community bank account in organisation’s name with at least two unrelated signatories (we will require a copy of a bank statement) |  |
| Insurance - public liability |  |
| Safeguarding policy |  |
| Project Risk assessment/s |  |

**Section 6: Conditions of grant**

Please review the following **before** submitting your application.

If successful in full or part, we confirm that we accept the following conditions:

* We will only spend the grant money in accordance with our grant application form. If there is a need to change the use of the grant, or any changes need to be made to the project/activity delivery (including change of venue or dates) **we will request permission from Action Together** as soon as possible.
* If the main contact leaves the group or can no longer fulfil their responsibilities, or someone takes over responsibility for the grant on behalf of the group, **we will inform Action Together immediately**.
* We will ensure the group makes the project as accessible as possible and agree to implement and ensure equal opportunities.
* We will ensure we have adequate insurance to carry out the project and that staff, volunteers, trainers and consultants are suitably qualified and trained and we will supply copies of documents if requested.
* We acknowledge responsibility for all risk assessments and health and safety checks for the project.
* We will ensure that all volunteers and staff working with any vulnerable people are DBS checked and adhere to the safeguarding policies and procedures we have as an organisation and we will supply copies of these if requested.
* We will form part of the PPIMH network across Tameside to prevent silo-working.
* We will provide Action Together with an interim project update when requested.
* At the end of the project we will complete a report and case study (including photos and beneficiaries feedback) outlining how the funding benefited individuals and the group, and others that you worked with.
* We will ensure that the above report and case study is given to Action Together in the required timescales and understand that failure to do so will influence future funding application decisions.
* We accept that we may be asked to return this grant should Action Together deem the evidence provided by us in our end of grant report is unsatisfactory. This will also apply if Action Together discovers that money has been spent on items not specified in the original application form and grant offer.
* All original receipts will be kept and copies made available for Action Together.
* We will repay any money unspent during the project lifetime to Action Together within a month of our project ending.
* We understand that if we don't meet these terms and conditions our grant may be withdrawn.

**Section 7. Declaration**

1. I certify that the information contained in this application is correct. I understand that if in any way the information is not correct the application may be disqualified, or any grant awarded will be payable on request.
2. If the information changes in any way I will inform Action Together as soon as possible.

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| **Main contact for this project:** |  |
| Role within organisation: |  |
| Signature: |  |
| Date: |  |

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| **Other contact for the organisation** |  |
| Role within organisation: |  |
| Signature |  |
| Date: |  |

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| **Please send your completed application by email to:**  Email: [funding@actiontogether.org.uk](mailto:funding@actiontogether.org.uk)  Please put “Best Start for Life Community Funding 23/25 Application” and the name of your organisation in the subject field. |