**Social Value Grant - Application Form**

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| **Applicant Information** |

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| Individual / Group / Organisation name | |  | | | |
| Name of person responsible for delivering the project | |  | | | |
| Organisation type | |  | | | |
| If ‘Charity’ please provide charity number | |  | | | |
| If ‘Other’ please specify | |  | | | |
| Date organisation / group established | |  | | | |
| Address |  | | | Postcode |  |
| Email |  | | Phone |  | |
| Website |  | | | | |
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| **Please select the priority area of your application** | | | | | |
| Priority area | |  | | | |
| If ‘Other’ please specify | |  | | | |

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| **Project Information** |

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| Is this a new or existing project? | New  Existing | | |
| Describe your project (max 500 words) | | | |
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| Where will your project take place? | |  | |
| Who will benefit from your project? Please detail your target audience | | | |
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| Explain how you know that people in your community want this project. Is there is a need for this project? Please provide evidence of any data collected. | | | |
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| What is the estimated start and finish date of the project? | | |  |
| Who will be involved in the delivery of your project? | | | |
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| Number of employees / volunteers required for project delivery | | |  |
| List the main goals of your project and expected outcomes | | | |
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| How will success be measured? e.g. quantitative / qualitative, frequency of evaluation | | | |
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| **Health and Safety** |

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| Does your project involve working with children, young people or vulnerable adults? | Yes  No |
| *If yes, please submit all relevant safeguarding policies with your application* | |
|  | |
| Does your project require permission from a third party? | Yes  No |
| If yes, has this been obtained? | Yes  No |
| *If yes, please submit all relevant safeguarding policies with your application* | |
|  | |
| Has a risk assessment been carried out for the project? | Yes  No |
| *If yes, please submit a copy of this with your application* | |
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| Does your project require insurance? | Yes  No |
| *If yes, please submit evidence that this has been obtained with your application* | |

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| **Budget and Funding** |

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| Total amount requested for this project |  |
| Do you have match funding in place or have you applied for match funding? | Yes  No |
| If ‘Yes’ please provide details | |
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| Please detail current / previous funders | |
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**Expenditure breakdown**

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| --- | --- | --- |
| **Expenditure** | **Cost** | |
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| Are there any plans for funding from another organisation or the local council over the next two years? | | Yes  No |
| If ‘Yes’ please provide details | | |
|  | | |
| If this application is for a fixed asset or repeat project please detail how are you intending to sustain this in the future | | |
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**Supporting Documents**

Please ensure you have uploaded the following supporting documents if applicable

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| --- | --- |
| Safeguarding policies |  |
| Insurance documents |  |
| Risk assessments |  |
| Third party permissions |  |
| Quotes / Invoices |  |
| Testimonials / market research for project |  |

**Funding Agreement**

By submitting this application, the applicant agrees to use any awarded funds exclusively for the purposes outlined in this application. The organisation / applicant commits to adhering to all applicable laws, regulations and terms set by the funding body. Upon completion of any project undertaken with the awarded funds, the organisation / individual agrees to participate in a comprehensive evaluation to assess the project’s expenditure, outcomes and social impact.

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| Signed |  |
| Date |  |