



East Riding of Yorkshire Council

Application

for grant funding over £2,000

Grant funding stream

Amount applied for 2015/16

Awarding body

Amount applied for 2016/17

Name of organisation seeking grant funding

Amount applied for 2017/18

Name of proposed project



EAST RIDING
OF YORKSHIRE COUNCIL


Section I

Organisational and contact details

I.1 Full name of organisation seeking grant funding

(or of organisation acting as lead contact where a consortium application is being submitted)

I.2 Organisation details

 Complete as appropriate


Registered office address

Company or charity registration number

VAT registration number

Name of ultimate parent company

Date of incorporation

 Tick/Complete as appropriate

Type of Organisation

(i) a public limited company

(ii) a limited company

(iii) a limited liability partnership

(iv) other legal partnership

(v) Other eg voluntary/community organisation, Town/Parish Council or social enterprise (please specify)

I.3 Please give details of the main contact for this application

Name

Address

Postcode

Phone

Mobile

Email

I.4 If your project is being delivered by more than one organisation, in a partnership, cluster or consortium, please give details

Please put N/A if not applicable

What are the benefits of this arrangement?

I.5 Does your organisation have a written equality policy or statement?

Please tick as appropriate. If 'yes' please provide a copy (see Section 6.1)

Yes No

I.6 Does your organisation have a written health and safety policy?

Please tick as appropriate. If 'yes' please provide a copy (see Section 6.1)

Yes No

I.7 (a) Do you employ staff?

Please tick as appropriate

Yes No

If yes, do they receive written contracts of employment?

Yes No


(b) Please provide the following staffing information about your organisation

Number of paid staff employed by your organisation (full time equivalent)

Number of volunteers working for your organisation


1.8 Briefly state in the box below the main focus of your organisation's work, together with its aims and objectives, including its primary beneficiaries and the geographic area covered.

1.9 Which category below best describes the work of your organisation?

 Please tick as appropriate

- | | |
|---|---|
| <input type="checkbox"/> Accommodation with support | <input type="checkbox"/> Community development |
| <input type="checkbox"/> Adult education | <input type="checkbox"/> Community safety |
| <input type="checkbox"/> Advice, counselling and information | <input type="checkbox"/> Education, skills and training |
| <input type="checkbox"/> Arts development | <input type="checkbox"/> Environment |
| <input type="checkbox"/> Children and young people's activities | <input type="checkbox"/> Health (including mental health) |
| <input type="checkbox"/> Community activities | <input type="checkbox"/> Sports and recreation |
| <input type="checkbox"/> Community and tenants associations | <input type="checkbox"/> Other (please specify below) |

I.10 Please list any Council Officers or Councillors of East Riding of Yorkshire Council who are familiar with the work of your organisation. This is to allow for any potential conflict of interest to be identified.

 Details of Council Wards and Councillors can be found on the East Riding of Yorkshire Council website at www.eastriding.gov.uk


Name of Officer

Directorate

Name of Councillor

Ward

I.11 Safeguarding and Vetting of Volunteers and Staff

 Please tick as appropriate

(a) If appropriate, does your organisation have a written safeguarding policy?

Yes No

If 'yes', please provide a copy and confirm that it complies with the requirements of the Hull and East Riding Safeguarding Policy and Practice Guidelines, details of which can be found at www.adultprotectionhullandeastriding.com

(b) Will your project involve working with children or vulnerable adults?

Persons who work with children or other vulnerable members of society, whether for payment or otherwise must be vetted to the appropriate level to ensure that they are suitable for the work.

Yes No

(c) Please describe in full the procedures in place (or to be adopted) by your organisation to comply with this requirement. State which organisation carries out (or will carry out) the checks on your behalf and provide details, as appropriate, of those volunteers/staff members who have been the subject of Disclosure and Barring Service (DBS) checks.

I.12 Please provide details of the bank/building society account into which this grant would be paid.

(Please note that any payment cannot be made to an individual's personal account)

Name in which account is held

Account Number

Sort Number

Bank name

Bank telephone number

Branch address


I.13 Please name the officers and members of your organisation's management committee, steering group (or equivalent)

Chair

Secretary

Treasurer

Other members

 Please tick as appropriate


Has your organisation or any of its officers and members of the management committee (or equivalent) ever been convicted of an offence and/or been declared bankrupt?

Yes No

If yes, please provide details

How often does your management committee meet?

I.14 Please state, if applicable, if your organisation has, or is working towards, any Quality Standards (eg PQASSO)?

 Please tick as appropriate

Yes No


If yes, please provide brief details

Section 2

Details of activities for which funding is being requested

2.1 Is this funding request to support a new project?

Yes No

 Please tick as appropriate

AND / OR


A contribution towards annual running costs for the provision of an existing project or service?

Yes No

2.2 Please describe in the box below the overall aims and objectives of the project for which you are seeking funding

2.3 (a) How do you know there is a need for this project and how will it address that need? Please provide evidence of any surveys, consultation, work already undertaken etc to evidence the identified need


(b) Is the project for which you are seeking grant funding being provided for residents on an East Riding wide basis or is it targeted at a specific part of the area?

 Please tick as appropriate

East Riding wide Targeted

(c) If your activities are targeted at specific parts of the area, please indicate where you will be delivering your project

(d) Will this work also result in the provision of services for residents living outside of the East Riding?

 Please tick as appropriate

Yes No

(e) If 'yes' what percentage of the project beneficiaries do you anticipate will come from outside the East Riding?

%

2.4 Please explain how the project for which you are requesting grant funding relates to the East Riding Local Strategic Partnership's ambitions and the Council's corporate priorities (details of which are set out below)

Local Strategic Partnership

- Children and young people have a brighter future
- Older people enjoy a healthy, independent lifestyle
- Communities are healthy, thriving, prosperous and safe
- Regeneration transforms deprived areas and reduces health and other inequalities
- We value and care for the diverse character of the area

Council Corporate Priorities 2012-15

- Maximising our potential
- Valuing our environment
- Supporting vulnerable people, reducing inequalities
- Promoting health, wellbeing and independence
- Reducing costs, raising performance

All applications for grant funding must relate to one or more of the corporate priorities/ambitions. Failure to make this linkage will result in the application not being considered. Your response should fit in the box below.

Outputs/outcomes and beneficiaries

2.5

Outputs/outcomes of the project

What and how much will you deliver?

For example 'Park play area will be reopened' (output)
or 'Children's health and well being will improve'
(outcome)

A

B

C

Performance measure


How will you know you are doing this well?

A

B

C

2.6 Please indicate whether there will be beneficiaries through your project for any of the following groups

 Please tick as appropriate

- | | |
|--|---|
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Young people (13 to 18 year olds) |
| <input type="checkbox"/> People at risk of social exclusion | <input type="checkbox"/> Older people (over 65 year olds) |
| <input type="checkbox"/> People with no qualifications | <input type="checkbox"/> People with special educational needs |
| <input type="checkbox"/> People with mental health conditions | <input type="checkbox"/> Children and/or young people with poor attendance records |
| <input type="checkbox"/> Lone parents | <input type="checkbox"/> Young carers |
| <input type="checkbox"/> People with other health conditions or disabilities | <input type="checkbox"/> Refugees/asylum seekers |
| <input type="checkbox"/> Ex-offenders | <input type="checkbox"/> Young people not in Education, Employment or Training (NEET)/Unemployed people |
| <input type="checkbox"/> Black and minority ethnic individuals (BME) | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Children (under 12) | |

How will people who benefit from the project be involved in developing and delivering it?

2.7 If this application is not successful, how will this affect your project?

 Please tick **one box only**

- Go ahead as planned
- Go ahead as planned but over a longer timescale
- Go ahead but on a reduced scale
- Will not go ahead at all

2.8 If funding is granted, how will you continue the project (if appropriate) after the expiry of the grant?

2.9 How will your project relate to or complement any other Council funding initiatives and/or activities/provision in the East Riding, clearly demonstrating that you will not be either working in isolation or duplicating existing activity?

2.10 If you are an established organisation - What other relevant projects has your organisation delivered successfully in the past?

OR

If you are a new organisation - What other relevant projects have your staff members or volunteers delivered successfully in the past?

In either case, please list no more than three of the most recent projects delivered or supported.

Section 3

Timescales

3.1 Project start date

DATE	MONTH	YEAR
------	-------	------

3.2 Project end date

DATE	MONTH	YEAR
------	-------	------

3.3 If your project is not to be delivered on a continuous basis (eg only at certain times of the day or week), please specify below

--

Section 4

Evaluation and impact of the project

4.1 How do you propose to monitor and evaluate delivery of the project?

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4.2 How will you publicise the project so that people know about it and how will you ensure that it is accessible to as many people as possible?

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Section 5

Financial information

5.1 Please provide a detailed annual breakdown of how the funding sought will be used to deliver the project and details of how you would wish the money to be paid (eg monthly/quarterly in advance/arrears). Please use a separate sheet if appropriate

Item or activity	Annual cost
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
Total annual cost	£ <input type="text"/>
Details of how you wish the money to be paid	
<input type="text"/>	

5.2 Please give details of all other applications you have made, or intend to make, for funding to support this work

Source of funding	Applied for	Committed
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>

5.3 Please provide details of any funding you currently receive or have received from the Council over the last three years. This includes grants, service level agreements and contracts

Source of Funding	Contact Officer	Amount	Period Covered	Activity Funded
		£		
		£		
		£		
		£		
		£		
		£		
		£		

5.4 Please provide one of the following set out below

- A copy of your audited accounts for the most recent two years
- A statement of your turnover, profit and loss accounts and cash flow for the most recent year of trading
- A statement of your cash flow for the current year and a bank letter outlining the current case and credit position
- Alternative means of demonstrating financial status if trading/operating for less than a year

Section 6

Enclosures

6.1 In support of your application, please enclose the following:

- A copy of the meeting minute or appropriate authorisation approving the submission of this application.
- If applicable, reports from the last Annual General Meeting or an official annual report of your organisation.
- If applicable, a letter of support or other relevant evidence of collaboration with relevant agencies/groups where the proposed project will be delivered through a partnership/consortium arrangement. (See question 1.4).
- The organisation’s constitution and terms of reference.
- Where appropriate, copies of the organisation’s equality, health and safety and, where appropriate, safeguarding policies. (See questions 1.5 and 1.6).
- Where appropriate, details of your organisation’s public liability and employer’s liability insurance policies.

PLEASE NOTE: THE ABOVE (WHERE APPLICABLE) MUST BE ENCLOSED WITH YOUR APPLICATION OTHERWISE IT WILL NOT BE CONSIDERED

Declaration

7.1 Data Protection and Freedom of Information

As a public organisation, East Riding of Yorkshire Council has to follow the Data Protection Act 1998 and the Freedom of Information Act 2000. We have a Data Protection Policy and a Freedom of Information Policy, both of which are available from our website at www.eastriding.gov.uk

We also have a Counter Fraud and Corruption Policy which is also available from our website at www.eastriding.gov.uk. Any concerns regarding fraud and corruption irregularities must be raised in accordance with the Council's Whistle Blowing Policy which is also available on our website.

By signing this application form, you agree to the following:

We will use this application form and the other information you give us for the following purposes:

- To decide whether to give you a grant.
- To provide information to any other individuals or organisations who are helping us assess and monitor grants, including local authorities, other lottery distributors and organisations that award grants. After we reach a decision, we may also tell them the outcome of your application and, if appropriate, why we did not offer you a grant.
- To hold in our database and use for statistical purposes.
- If we offer you a grant, we will publish information about you relating to the activity we have funded, including the amount of the grant and the activity it was for. This information may appear in our press releases, in our print and online publications and in the publications or websites of any partner organisations who have funded the activity with us. We may also publish summary information about unsuccessful applications.

You have read East Riding of Yorkshire Council's Data Protection, Freedom of Information and Counter Fraud and Corruption policies and accept how we generally plan to treat your application and other related information if someone asks to see it under the Freedom of Information Act 2000.

East Riding of Yorkshire Council reserves the right to withdraw any application from the funding process if it is deemed that information in that application has been presented fraudulently or purposefully withheld.

Before signing, please:

- Check that you have answered all the questions in the application form.
- Please ensure you keep a copy of your application form for your records.

In dating and signing this document and submitting it you confirm that, to the best of your knowledge, the information provided on this application form is correct and you confirm that any grant awarded will be used exclusively for the purposes described.

Please note that the application form should be signed by at least one appropriately authorised person (eg the Chair of the management committee [or equivalent]) and that where your organisation is a registered charity, at least one of the signatories should be a trustee of that charity.

Signed

A typed name will be sufficient. If your application is successful, we will require a signed hard copy of this form

Position in organisation

Date

Signed

A typed name will be sufficient. If your application is successful, we will require a signed hard copy of this form

Position in organisation

Date

Please check the guidance notes for details of how to submit this application, to whom and by what date.

Please note that if your application is successful, an original signed copy of the application will be required for audit purposes

Should you have any questions, please check the guidance notes about who to contact.

We will acknowledge receipt of your application form and give you a unique reference number as soon as possible.

Please tell us how you heard about this funding

FOR OFFICE USE ONLY - Reference number

Please continue the application on this sheet if necessary