

Stronger Communities Fund Application Form

Please read the grant application guidance before you continue. This will help you to complete all sections of this application form correctly.

If you have any questions about how to complete this form, please get in touch with us at **welovemcrcharity@manchester.gov.uk**

This application form is for a We Love MCR Charity Stronger Communities Fund grant of between £500 and £5000.

Applications are presented to our monthly Grants Committee meeting.

Please see our website for the committee dates

when applications will be considered
Stronger Communities Small Grants Fund: We Love Mcr Charity

To support your application, we ask you to please attach the following to your application. Failure to attach the following may result in your application being delayed.

If you are applying for funding to work with children, young people or vulnerable adults, please send us a copy of your safeguarding policies with this application. For advice on Safeguarding Policies please contact MACC - info@mcrcommunitycentral.org Tel: 0333 321 3021	
A risk assessment for your activity / project (we have given you a template at the end of this form to use if you do not already have one)	
Most recent accounts, or an income and expenditure sheet, for your Group	
Details of a bank account in your organisation's name with at least two signatories	
A governing document (i.e. Constitution) – if you have one	
Relevant insurance (if applicable)	

Section 1: About you

In this section we want to know about your organisation – who you are and who you help or support.

1.1 Detai	ls of you and your organisation	/ group	
Name of	organisation / group		
Address	of organisation including postcod	le	
_	tion's website and / or social dresses (if applicable)	Website: Twitter: Facebook: Instagram:	
Main	Name		
contact person	Role		
	Contact address (if different to organisation address)		
	Telephone number		
	Email address		
Second	Name		
contact person	Role		
	Contact address (if different to organisation address)		
	Telephone number		
	Email address		
Is your or	ganisation incorporated?	Yes	No
	he status of your organisation ty, CIC, community group?		
	pply any relevant registrations ace numbers (e.g. Registered	Name	Reference/Number
charity n	, , ,		
Date you	r organisation was established?		
Do you ha	ave a governing document tution?)	Yes	No

1.2 Tell us about your organisation's or group's vision, values and activities
The type of work you do, who you have engaged with and what outcomes you have achieved

Section 2: About your activities

In this section we want to know what you are applying for funding for. Tell us all about your proposed activities, why they are needed and how they are going to make a difference in your community. We will also ask you how you will make sure your project is successful and will ensure vulnerable adults and children are safeguarded.

2.1 Name of your project /activities
2.2 What is the timescale of your project / activities?
Please give us the proposed start and end dates
2.3 Tell us about your proposed project / activities
What you plan to do, with whom, and how? Be as specific as possible and include numbers where appropriate (I.e how many people you are aiming to engage?)

2.4 How do you know there is a need for your project / activities?
What work have you done to identify the need? – this could be from talking with people you support or from research of national or local trends. Tell us what made you decide these activities are needed.
2.5 Who will benefit from your project / activities and how will they be involved in
developing and running them?
Tell us which individuals and / or communities will be involved. Tell us about the people you hope to engage with your project. You can also tell us who will be involved in setting up and running the activity. Tell us who will be doing what please. We aim to reach disadvantaged people in Manchester and build stronger communities – can you also tell us how your activities would reach out to those facing disadvantage in your community?
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2.6 Activities Coverage
The We Love MCR Charity is only able to support activities which benefit communities in the City of Manchester (i.e not Greater Manchester). Please tell us where your beneficiaries (the people you want to help) mainly come from.
North Manchester South Manchester Central Manchester City-wide
Please specify which Wards in particular your beneficiaries come from if known (we can help you with this if you are not sure)
2.7 Applications to the fund must fit into one of our fund's themes (listed below). Please tell us which theme your project / activity meets
We know that your project may fit into more than one theme but please only choose one primary theme.
Helping in the early years
Combating loneliness and social exclusion
Protecting and improving open spaces
Offering positive youth activities
2.8 How will your project / activities meet the theme you have identified in question 2.7?
Please tell us how your activity meets the funds objectives you have identified and what impact they will have.

2.9 How will you measure the success of your activity / project?
What records will you keep, what approaches will you use, and who will be involved in this?
3.0 How will you ensure the successful delivery of your activity / project?
We want to know about your approach and previous experience of managing similar activities successfully. If you have not done a similar project, what will you do to make sure this project is a success?
3.1 Explain how you will ensure the safety of people who use services provided by your Project, or who work or volunteer for your organisation.
Safeguarding vulnerable adults and children is a priority for us. We need to know that all organisations that receive grant-funding are actively protecting vulnerable people. (Don't forget to attach a copy of your safeguarding policy to this application if you have one)

Section 4: Costs and Finance

In this section we want to know how much your project is going to cost and what other funding you might have in place.

4.1 Your Project costs: Tell us about the costs of carrying out your project, activity or event.

We may ask for more information and or quotes for planned expenditure.

If you have any quotes already, please send these in with your application (they will really help!) - for example if you are asking for help with room hire and you have hired it before then send the invoice to show us how much this cost.

Please use another sheet and send with your application if necessary

Expenditure item	Amount
	£
	£
	£
	£
	£
	£
Total VAT (only if you are not VAT registered)	£
Total cost	£
Total amount applied for	£

4.2 If the grant amount requested is less that where the difference will come from, and w funding already.	•
We do not require matched funding but if you about it here	have secured any other funding tell us
4.3 Has your organisation received funding 12 months?	from Manchester City council in the last
Yes	No
4.4 Has your organisation received any fund the last 12 months?	ling from the We Love MCR charity in
Yes	No
4.5 Please give details of the organisation's paid. We cannot make payments to persona account, you will need a referee organisation the case, the referee group will need to come	l bank accounts. If you do not have a bank in to accept a grant on your behalf. If this is
As proof that the above bank account is genubank statement with your application.	ine, please send a copy of your most recent
Name of organisation's bank account	
Name of bank/building society	
Address of bank/building society	
Bank account sort code	
Bank account number or building society number	
4.6 Please give names of at least two unrelathe bank account (please note at least two s	
1.	2.
3.	4.

Section 5: Declarations

5.1 Declare any interests of your organisation's employees or board / management committee members that may be relevant to your application.
5.2 We love to celebrate the organisations we fund and the work they do. A requirement of receiving any funding from We Love MCR Charity is to provide us with pictures and / or videos from your project / activity that we can use on our website and social media. We will also require quotes and feedback from participants who attended or benefitted
Please tick below to say you agree to provide:
I will provide pictures and / or video footage of the event / activity
I will provide quotes and feedback from people who attended or benefitted from the project
If there is any reason why you would not be able to provide the above please tell us why here:

my knowledge I understand t	the information given on this application form is accurate to the best of and that I am authorised to submit this application. That I must notify We Love MCR Charity of any significant changes to the distance that the distance information can invalidate this application.
Signatory One	:
I understand th	ne main contact named above. The Charity may contact me during assessment, and I confirm I am authorised ation for this purpose and that you may rely on any further information in the confirm I am authorised at the confirm I am authorised at the confirmation in the
Name	
Position	
Signature	
Date	
	the chair or person of similar authority in your organisation. st be different from signatory one.
I confirm this a or other govern	pplication has been authorised by the management committee ing body.
Name	
Position	
Signature	
Date	

5.3 Declaration

Final Checklist

Before sending us this form please check:

You have answered every question
You have signed and dated the form
You have included any supporting documentation to include:
Any quotes you have for items requested
A copy of your safeguarding policy
A copy of your latest bank statement
A copy of most recent annual accounts (if formal audited accounts are not available, a copy of the organisation's most recent income and expenditure record
If you have any pictures or documents that you think will support your application please send them to us!

Please return this form and any supporting information to us by email – welovemcrcharity@manchester.gov.uk

Don't forget to give us a like or a follow so you can keep up to date with all things

We Love MCR Charity!

Follow us on Twitter: @mcr_charity

Like us on Facebook: www.facebook.com/WeLoveMCRcharity

Follow us on Instagram: @welovemcr_charity

Feedback

It is not obligatory to fill in this part of the form and none of your answers to this section will affect the outcome of your application. However, we value your feedback and will use it to improve our grant processes in the future.

1. How did you hear about this grant programme?			
2. Did you have all the information you needed to complete the form?			
Yes	No		
3. Was the application form easy for use?			
Yes	No		
If you answered no to either of the questions above then please explain how the application form and information could be improved?			

Feedback

Name of group or organisation:	
Name of event / activity:	
Date of event / activity:	

Hazard. List any potential significant hazards that could harm people.	Who is at risk? List who could be harmed and how.	What actions have been taken to minimise risk? What have you done to keep people safe	Who is responsible to make sure this happens?