**MANCHESTER CITY COUNCIL**

**Grant to address Female Genital Mutilation in the Community**

**LARGE GRANT APPLICATION FORM**

|  |
| --- |
| **Contents** |

**Introduction and Can I Apply?**

**Section 1: About you**

**Section 2: About the activities**

**Section 3: Budgets and finance**

**Section 4: Management**

**Section 5: Declaration**

**Final Checklist**

**Feedback**

Introduction and Can I Apply

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

We’ve given a word limit for some of the questions in this form. We will only look at the information you give us within this word limit.

This application form is for grants of more than £10,000, across the lifetime of the grant. If you are applying for more than one grant you must use a separate application form for each one.

|  |
| --- |
| **Can I apply?** |

**We can only accept applications to this programme from organisations that meet the criteria below. Please use the checklist to make sure you are eligible to submit an application.**

Yes No

**Is your group a voluntary or community sector organisation?** ☐ ☐

**To apply for this grant your organisation must have and be able to produce when asked:**

|  |  |
| --- | --- |
| a safeguarding policy  | ☐ |
| an equal opportunities policy | ☐ |
| a health and safety policy | ☐ |
| a data protection policy | ☐ |
| financial policies and procedures  | ☐ |
| Evidence of at least 4 Board / Management Committee meetings in the last year | ☐ |
| a list of Board / Management Committee members including their roles | ☐ |
| a governing document (i.e. Constitution) | ☐ |
| relevant Insurance | ☐ |
| a recent annual report and independently verified accounts | ☐ |
| evidence of significant recent provision of services to Manchester residents | ☐ |

|  |
| --- |
| **IMPORTANT – if you have not been tick all the boxes above, we won’t be able to consider your application and you should not fill in the rest of this application form!** |

|  |
| --- |
| **Section 1: About you** |

|  |
| --- |
| **1.1 Details of you and your organisation** |
| Name of organisation |  |
| Address of organisation including postcode |  |
| Organisation’s website and / or social media addresses (if applicable) |  |
| Main contact person | Name |  |
| Role |  |
| Contact address (if different to organisation address) |  |
| Telephone number |  |
| Email address |  |
| Second contact person  | Name |  |
| Role |  |
| Contact address (if different to organisation address) |  |
|  | Telephone number |  |
|  | Email address |  |
| Is your organisation incorporated? |  Yes ☐ No ☐ |
| What is the status of your organisation? e.g. charity, CIC |  |
| Please supply any relevant registration or reference numbers. | Name | Reference/Number |
|  |  |
|  |  |
|  |  |
| Date your organisation was established |  |

|  |
| --- |
| **1.2 Tell us about your organisation’s vision, values and activities (400 words)** |
| What type of work you have done, who you have engaged with, what outcomes you have achieved |
|  |

|  |
| --- |
| **Section 2: About your activities** |

|  |  |
| --- | --- |
| **2.1 Name of activities** | Tackling Female Genital Mutilation in the Community |

|  |
| --- |
| **2.2 Tell us about your proposed activities.** (1000 words) |
| What you plan to do, who with and how. Include your main activities. Be as specific as possible and include numbers and locations where appropriate. Your activities must support the objectives of the grant programme.  |
|  |

|  |
| --- |
| **2.3 Describe how you will work with other organisations to enhance the effectiveness of your activities** (500 words) |
| If you are proposing to work in partnership, let us know who this is with, whether the partnership is agreed or planned and what your partner/s will contribute to the proposal. |
|  |

|  |
| --- |
| **2.4 Who will benefit from your activities and how will they be involved in developing and running them?** (500 words) |
| Which individuals and / or communities are being engaged and involved? How can you show wider social impacts? |
|  |

|  |
| --- |
| **2.5 Activities coverage** |
| Which areas do your beneficiaries mainly come from?(If your activities are city-wide tick all the boxes)  |
| North Manchester Central ManchesterSouth Manchester | ☐☐☐ |

|  |
| --- |
| **2.6 Objectives** |
| Please find below the objectives of the grant programme that your activities will support. Please note we expect your application to support any or all of these objectives. |
| **Objective 1****Preventative work**: Work that focuses directly on educating all members of communities. Holistic approaches to tackling the issue, campaigns or ideas that come from communities who experience this form of harm tackling the socio-cultural, ethnic-legal, sexual health and clinical implications of FGM. |  ☐  |
| **Objective 2****Support Work** that champions culturally appropriate services or uses ‘reach out’ in its approach and strengthen the voice of communities speaking out against FGM. |  ☐  |
| **Objective 3****FGM - The Practice** Projects or ideas that further our understanding and add value to the services and support currently available within the region and creates new opportunities to talk about FGM in the city of Manchester |  ☐  |

|  |
| --- |
| **2.7 What key outcomes will your activities achieve?** |
| These must closely relate to the objectives above and should be no longer than 30 words. Check the guidance to make sure you are clear how an outcome is defined in this application. |
| Outcome 1 |  |
| Outcome 2 |  |
| Outcome 3 |  |
| Outcome 4 |  |
| Outcome 5 |  |

|  |
| --- |
| **2.8 Describe how you will meet the monitoring requirements of this grant (including monitoring the outcomes you have identified above), and how you will use this information to improve your activities.** (700 words) |
| What you will you keep records of, what systems or approaches you will use, and who will be involved. |
|  |

**Section 3: Budgets and finance**

|  |
| --- |
| **3.1 What is the total cost of your activities?** |
|  |
| **Total cost for September 2017 - March 2018** |
|  |  |  |
| **£** |  |  |

|  |
| --- |
| **3.2 How much money are you requesting from us**  |
|  |
| **£** |  |  |

|  |
| --- |
| **3.3 If the grant amount requested is less than the total cost of the activities identify where the difference will come from and whether you have secured this funding** |
| We do not require matched funding but value the ability of the voluntary and community sector to bring in additional funding to the city. |
|  |

|  |
| --- |
| **3.4 Complete the table below showing expenditure per year directly related to this application e.g. staffing, rent, stationery, equipment. If you are including running costs itemise these** |
| **Expenditure** | **2017– 18****£** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

|  |
| --- |
| **3.5 How have you worked out your costs? (200 words)** |
| Explain the thinking behind your costs and how they represent good value. Where you have included a contribution to core costs explain how this has been worked out. |
|  |

|  |
| --- |
| **3.6 Do you or your partners (if you are in a formal partnership) currently receive any funding from any department of Manchester City Council?**  |
| Datebeginning /endMonth/Year | Amount | Purpose | Department received from | PartnershipOrganisation in receipt of grant |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Section 4: Management**  |

|  |
| --- |
| **4.1 How will you ensure the successful delivery of these activities? (600 words)** |
| We want to know about your management approach and previous experience of managing similar activities successfully. |
|  |

|  |
| --- |
| **4.2 Explain how you will ensure the safety of people who use services, or work or volunteer for your organisation. (300 words).** |
| Safeguarding of vulnerable adults and children is a priority for us. We need to know that all organisations that get grant funding are actively protecting vulnerable people. |
|  |

|  |
| --- |
| **Section 5: Declarations** |

|  |
| --- |
| **5.1 Declare any interests of employees or board / management committee members that may be relevant to your application**.  |
| Provide the name, position in your organisation and details of anyone who is a Manchester councillor, a relative of a Manchester councillor and anyone who is an employee of Manchester City Council, or related to an employee of Manchester City Council. |
|  |

**5.1 Declaration**

I declare that the information given on this application form is accurate to the best of my knowledge and that I am authorised to submit this application.

I understand that I must notify Manchester City Council of any significant changes to the application and that misleading information can invalidate this application.

Manchester City Council is listed as a public authority under the **Freedom of Information Act 2000.** By law, we may have to provide your application documents and information about our assessment to any member of the public who asks for them under the Freedom of Information Act 2000.

This application form contains information that is personal data for the purposes of the **Data Protection Act 1998.** The Council's Data Protection policy is available from the website at http://www.manchester.gov.uk/downloads/file/8753/councils\_data\_protection\_policy. The personal data that you have provided will be used by the Council for the purpose of processing your application and will not be disclosed to any other organisation for any other purpose other than in relation to cases of suspected fraud or where there is a statutory requirement for disclosure.

**Signatory One**

The main contact named above.

I understand you may contact me during assessment and I confirm I am authorised by the organisation for this purpose and that you may rely on any further information supplied by me.

Name 



Position



Signature



Date

**Signatory Two**

This should be the chair or person of similar authority in your organisation. This person must be different to signatory one.

I confirm that this application has been authorised by the management committee or other governing body.



Name



Position



Signature



Date

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 documentation requested |  ☐  |

**Please return this form to the South Locality Commissioning Team either by email on** **workingwithus@manchester.gov.uk** **or by mail to:**

**South Locality Commissioning Team**

**Directorate for Children and Families**

**Manchester City Council**

**PO Box 532**

**Town hall**

**Manchester**

**M60 2LA**

**Please ensure you receive confirmation by email or in writing that your form has been received.**

**This form must be submitted before 12 noon on 1st August 2017 – we will not consider applications submitted after this deadline.**

Feedback [Needs to be separate and anonymous detached from application]

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?



1. Did you have all the information you needed to complete the form?



 Yes No

1. Was the application form easy for use?



Yes No

1. If you answered no to either of the questions above then please explain how the application form and information could be improved?

