

Covid-19 Community Response Fund – Mental health and Wellbeing in Isolation

**To progress your application please attach the following documents. We will not assess your application without them:**

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| **Document** | **Attached** |
| Governing document |  |
| Annual accounts from your latest financial year available |  |
| Safeguarding polices |  |
| Partnership agreement if applying In a partnership |  |

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| **1.1 Details of you and your organisation** | | | |
| Name of organisation: | | | |
| Address of organisation including postcode: | | | |
| Organisation’s website and social media: | | Website:  Twitter:  Facebook:  Instagram: | |
| 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? (put an X next to the relevant box) | | Yes  No | |
| What is the status of your organisation? e.g. charity, CIC | |  | |
| Please supply any relevant registration or reference numbers for your organisation | | Name | Reference/Number |
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| Date your organisation was established | |  | |

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| **1.2 How much money are you applying for?**  We are allocating £50,000 to address the theme of mental health and wellbeing in Isolation. We aim to award grants of between £10,000 and £20,000. Please note there is **some** flexibility regarding the exact amounts.  **Please advise how much you are applying for:** |

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| **1.3 What part of Manchester do you operate in?** | |
| Which areas do your beneficiaries mainly come from?  (If your activities are city-wide put a “Y” by all the boxes) | |
| North Manchester  Central Manchester  South Manchester  Please specify the specific wards your beneficiaries will come from? (We can help with this if you aren’t sure which wards you operate in). |  |
| Do you cover Greater Manchester? If so, can you identify which boroughs you operate in (**Please note any grant awarded from We Love MCR would be to support beneficiaries that reside primarily in the City of Manchester**) | Yes  No |
| Are you a national organisation? | Yes  No |

**2.0 Impact on your service and community**

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| **2.1 Tell us about the impact Covid-19 has had on the people and or the communities you plan to support:** |
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| **2.2 Tell us about the impact Covid-19 has had on your organisation:**  How have you had to change or adapt to help the people you support? |
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| **2.3 Tell us what you are going to do to address the impact that you have identified:**  This has to be new project or activity that is **not** currently funded. This cannot include already funded or redeployed staff. |
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| **2.4 Tell us how many people you will be able to help or support with this funding during the lifetime of the grant?** |
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| **2.5 Tell us how much this will cost:** | |
| **Expenditure Item:** | **Cost:** |
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| **Total:** |  |

Please use an additional sheet if necessary

**3.0 Funding and Finance**

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| **3.1 Are you / have you been funded in the last 12 months by any of the below Funders:** |
| Manchester City Council:  Our Manchester:  Young Manchester:  Neighbourhood Investment Fund: |

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| **3.2 What is your current financial situation:** | | |
| **Unrestricted Income** | Last year end: | Prior Year: |
| **Unrestricted surplus / deficit** | Last year end: | Prior Year: |
| **Unrestricted free reserves** | Last year end | Prior Year: |

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| **3.3 How do you forecast your income, expenditure and reserves being impacted by the current Covid-19 Crisis?** |
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| **3.4 Have you received any other funding in relation to Covid-19?** |
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**4.0 Impact and measurement**

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| **4.1 Tell us how you will measure that you are addressing the impact you have identified in the period of this grant.**  Tell us what will you keep records of and what systems or approaches you will use. Please note monitoring will need to include the number, location and demographics of people who will be supported to help us map our impacts. |
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| **4.2 Is there any other information you would like us to know?** |
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| **4.3 Please state how you would celebrate and communicate publicly any award given by We Love MCR?** |
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**5.0 Declarations**

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| **5.1 Declare any conflicts of interest that may be relevant to your application**.  Include in this the name, position in your organisation and details of each person a declaration is made for. |
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**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 We Love MCR Charity of any significant changes to the application and that misleading information can invalidate this application.

**Signatory One** (The main contact named above)

You may contact me during assessment, and I confirm I am authorised by the organisation for this purpose and that you may rely on 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 from signatory one)

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

Name

Position

Signature

Date