**MANCHESTER CITY COUNCIL**

**MANCHESTER WORK CLUB FUNDING PROGRAMME 2017-18**

**SMALL GRANT APPLICATION FORM**

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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.

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| **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 | ☐ |
| a health and safety policy and/or procedures | ☐ |
| accounts, or an income and expenditure sheet | ☐ |
| a bank account in your organisation’s name with at least two signatories |  |
| evidence (e.g. minutes) of Board / Management Committee meetings in line with your constitution | ☐ |
| a list of Board / Management Committee members including their roles | ☐ |
| a governing document (i.e. Constitution) | ☐ |
| relevant insurance | ☐ |

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| **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!** |

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| **Section 1: About you** |

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| **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 |
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|  |  |
|  |  |
| Date your organisation was established | |  | |

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| **1.2 Tell us about your organisation’s aims, objectives and activities and the key values that guide your work (200 words)** |
| The type of work you have done, who you have engaged with, what outcomes you have achieved |
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| **Section 2: About your activities** |

What are you applying for funding for? Tell us all about your proposed activities,

why they are needed and how they are going to make a difference.

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| **2.1 Name of activities** |  |

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| **2.2 Tell us about your proposed activities.** (400 words) |
| What you plan to do, who with and how. Include your main activities. Be as specific as possible and include numbers where appropriate. Your activities must support at least one of the objectives of the grant programme. |
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| **2.3 How do you know there is a need for your activities?** (300 words) |
| What work have you done to identify the need, from engagement with people or from research or national / local trends? Tell us what made you decide these activities are needed. |
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| **2.4 Who will benefit from your activities and how will they be involved in developing and running them?** (200 words) |
| Which individuals and / or communities are being engaged, and involved. People might receive a service, and they might also be involved in setting an activity up and running it; let us know who will be doing what and which parts of Manchester they come from. |
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| **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 Manchester  South Manchester | ☐  ☐  ☐ |

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| **2.6 Objectives** | |
| *Tick at least two of the objectives of the grant programme your activities will support*. | |
| Improve the employability of service users who find it difficult to access mainstream support | ☐ |
| Strengthen pathways from informal to formal employment and skills provision | ☐ |
| Increase referrals to formal programmes and opportunities | ☐ |
| Develop and/or strengthen links with employers | ☐ |

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| **2.7 What key outcomes will your activities achieve?** | |
| These must closely relate to the objectives you ticked above and should be no longer than 30 words. Please outline specific activity that will ensure you achieve the objectives ticked above. | |
| Outcome 1 |  |
| Outcome 2 |  |
| Outcome 3 |  |

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| **2.8 Describe how you will meet the monitoring requirements of this grant (including monitoring the outcomes you have identified above).** (200 words) |
| What will you keep records of, what systems or approaches will you use and who will be involved. |
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| **Section 3: Budgets and Finance** |

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| **3.1 What is the total cost of your activities?** |
| **Total Cost** |
| **£** |

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| **3.2 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 additional funding to the city. |
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| **3.3 Complete the table below showing expenditure directly related to this application e.g. staffing,rent,stationery,equipment. If you include running costs, itemise these.** | |
| **Expenditure Item** | **£** |
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|  |  |
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|  |  |
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|  |  |
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|  |  |
| **Total** |  |

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| **3.4 How have you worked out your costs?** |
| Explain the thinking behind your costs and how they represent good value. Where you have included a contribution to core costs then you need to explain how this has been worked out |
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| **Section 4: Management** |

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| **4.1 How will you ensure the successful delivery of these activities? (300 words)** |
| We want to know about your management approach and previous experience of managing similar activities successfully |
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| **4.2 Explain how you will ensure the safety of people who use services, or work or volunteer for your organisation(200 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 |
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| **Section 5: Declarations** |

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| **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. |
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**5.2 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**

This must be 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 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

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| You have answered every question | ☐ |
| You have signed and dated the form | ☐ |
| You have included any documentation requested | ☐ |

**Please return this form to Michael D’Ambra** either by email on M.D’Ambra@manchester.gov.uk or by mail to Michael D’Ambra, Work and Skills Team, Growth and Neighbourhoods Directorate, Manchester City Council, Level 3, Library Walk, Town hall Extension, Manchester M60 2LA

Please ensure that you receive confirmation by email that your form has been received.

**This form must be submitted before 10am on Friday 1st September 2017**

**- we will not consider applications submitted after this deadline.**

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?

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?