



# **VCSE Sector Small Grants Funding**

# **Application Pack**

**This Application Pack is for funding grants under £5,000 only. If you require a Main Grants Application Pack, please contact the team on the email below.**

**The deadline for completed applications is midday on Thursday 15th December 2022**

**Completed forms should be emailed to**

**nnicb-bassetlaw.transformationteam@nhs.net**

**Section 1: Organisation Details** 

**1.1 Main contact details**

|  |  |
| --- | --- |
| Organisation Name: |  |
| Organisation’s Registered Address:  |  |
| Main Contact Name: |  |
| Job title: |  |
| Email: |  |
| Organisation website(s):  |  |
| Organisation social media account(s):  |  |

**1.2 Organisational Structure**

|  |  |  |
| --- | --- | --- |
| **Type of Organisation** | **Registration Number** | **Year Established** |
| Registered charity  |  |  |
| Company Ltd by Guarantee with charitable status  |  |  |
| Community Interest Company (CIC)  |  |  |
| Charitable Incorporated Organisation (CIO)  |  |  |
| Unincorporated voluntary/community group \*\*(see 1.3 below) |  |  |
| Other (please specify)  |  |  |

**1.3 Accountable Body**

If your organisation is unincorporated, do you have agreement from a legally constituted organisation to act as your accountable body for the grant?

|  |  |  |
| --- | --- | --- |
| YES |[ ]  NO |[ ]  NOT APPLICABLE  |[ ]

If yes, please provide details of the accountable body and attach a letter of agreement:

|  |  |
| --- | --- |
| Name of Accountable Body |  |
| Letter of agreement attached to this application  |  |

## 1.4 About your Organisation and track record

Please detail:

* Your organisation’s aims
* The services and activities you provide
* Your track record in delivering similar projects to the one you are applying for
* Any other information you think will give us a better understanding of your organisation.

|  |
| --- |
| (Maximum of 500 words) |

**Section 2: Funding Proposal**

**2.1 Proposal Overview**

|  |  |
| --- | --- |
| Project/Service title:  |  |
| Primary target group of users:  |  |
| Brief synopsis of the project/service:  | (Maximum 50 words) |
| Outline if this is an existing project or new project |  |

**2.2 Evidence of need**

Please detail:

* The issues your project/service will help to address
* Any research you have carried out or other evidence that shows your project is needed
* How you have consulted with local citizens and/or other organisations and people that shows that your project/service is needed
* How your project will add value to any existing services or projects and fill any gaps

|  |
| --- |
| (Maximum of 500 words) |

Please indicate which of the following priorities, if any, your project or service contributes to:

|  |  |
| --- | --- |
|  | Tick all that apply  |
| Nottinghamshire Joint Health and Wellbeing Strategy 4 ambitions | [ ]  Give every child the best chance of maximising their potential[ ]  Create healthy and sustainable places[ ]  Everyone can access the right support to improve their health[ ]  Keep our communities safe and healthy |
| Nottinghamshire Joint Health and Wellbeing Strategy 9 areas of focus  | [ ] Best start in life[ ] Mental health[ ] Good food and nutrition for all[ ] Homelessness[ ] Tobacco[ ] Reducing alcohol[ ] Domestic abuse[ ] Healthy weight[ ] Air quality |
| Bassetlaw Place Partnership Priorities | [ ] Sustainability[ ] Same Day Urgent Care[ ] Children, Young People and Maternity[ ] Mental Health[ ] Reducing Health Inequalities[ ] Working Inclusively |
| NHS Long Term Plan (LTP) priorities and deliverables *(LTP documents in application guidance)*  | [ ] (*Please detail in the box below)* |
| NHS Core20Plus5  | [ ] Most deprived 20% population (Bassetlaw) [ ] Maternity[ ] Severe Mental Illness[ ] Chronic Respiratory Disease[ ] Early Cancer Diagnosis[ ] Hypertension Case-Finding[ ] Smoking Cessation  |

Detail how your proposed work will contribute to priorities outlined in each of areas listed above:

|  |
| --- |
| (Maximum of 500 words- bullet points)  |

**2.3 Project/ Service**

Detail the project or service you are requesting funding for:

|  |
| --- |
| (Maximum of 200 words)  |

Detail how you have implemented co-production in developing your ideas and how will continue you work with the local community to deliver this work:

|  |
| --- |
| (Maximum of 150 words)  |

Bassetlaw Place Based Partnership is committed to championing diversity and inclusivity. How will you make sure that your project or service will contribute to this:

|  |
| --- |
| (Maximum of 150 words)  |

Detail will the project or service will be managed, including promotion and training:

|  |
| --- |
| (Maximum of 200 words)  |

**2.4 Activity**

|  |  |  |
| --- | --- | --- |
| **Detail of project/service** **activity**  | **Weekly/monthly/quarterly/ annually** *(delete as appropriate)* | **Additional information**  |
| How many one-to-one sessions/ appointments will be provided and what is the length of these?  |  |  |
| How many group sessions/ appointments will be provided and what is the length of these? |  |  |
| How many citizens will access the project/service? Please outline how this has been calculated.  |  |  |

**2.5 Partnership Working**

Outline how this project/service will work collaboratively across the Bassetlaw Place-Based Partnership.

|  |
| --- |
| (Maximum of 150 words)  |

**Section 3: Impact**

**3.1 Project/ Service Outcomes**

Please outline the expected project/service outcomes, deliverables (how these will be achieved) and any added social value.

As a minimum for each outcome, you need to list one deliverable (see the example in the table below).

|  |  |
| --- | --- |
| **Outcomes**  | **Deliverables**  |
| *Example outcome:**Increased access to tobacco control support within the 20% most deprived areas in Bassetlaw*  | *1 new evening clinic per week will be delivered in Worksop South East* |
| *1 new weekend clinic per week will be delivered in Worksop South East* |
| *1 new clinic per week will be delivered in Harworth and Bircotes* |
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**3.2 Individual Outcomes**

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| --- |
| (Maximum of 200 words)  |

How will local citizens benefit from this project/service?

**3.3 Outcome measures**

How will the above outcomes (3.1 and 3.2) be monitored and evaluated?

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| --- |
| (Maximum of 200 words) |

How will do you plan to measure user experiences and satisfaction of accessing the proposed project or service?

|  |
| --- |
| (Maximum of 200 words) |

**Section 4: Financial Information**

**4.1 Project /service budget**

Please detail the amount of funding you are requesting and how this will be spent.

|  |
| --- |
| (Maximum of 200 words) |

**4.2 Organisational Finances**

Please provide the following information from the most recent accounts approved by your organisation OR, if your organisation has been running for less than 18 months, please provide a projection for the first year:

|  |  |
| --- | --- |
| Reporting period:  |  |
| Total income for the year: |  |
| Total expenditure for the year: |  |
| Surplus or deficit at the year-end: |  |
| Total reserves at the year-end: |  |
| What is your reserves policy? |  |
| Did you receive a management letter from your accountants after your last examination / audit?*If ‘yes’, please send us a copy of the management letter with your most recent accounts.*  | [ ]  Yes[ ]  No[ ]  Not applicable |
| Does your organisation have a bank account with 2 unrelated signatories? | [ ]  Yes[ ]  No[ ]  Not applicable |

Please provide information about any additional funding (or income) that the organisation expects to receive within before April 2023:

|  |  |  |  |
| --- | --- | --- | --- |
| Source of funding or income | Total  | Confirmed or pending decision  | What will this contribute towards? |
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|  |  |  |  |
| Total amount of funding/income confirmed:  | Total amount of funding pending decision: |

**4.3 Financial Sustainability**

Explain what your plans are to sustain this work once any funding received has finished:

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| --- |
| (Maximum of 200 words)  |

**Section 5: Due Diligence**

**5.1 Policies and Procedures**

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| --- | --- | --- | --- |
| **If your application is successful, you will be required to submit evidence for the following prior to any payment award.** Does your organisation currently have:  | **Applicant**  | **Accountable Body (if applicable)**  | **Additional details** |
| **Yes** | **No** | **Yes** | **No** |
| Public liability insurance | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Employer’s liability insurance | [ ]  | [ ]  | [ ]  | [ ]  |  |
| An activeManagement Committee or Board of Trustees with at least three people who are unrelated?  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Is your organisation registered with the ICO? | [ ]  | [ ]  | [ ]  | [ ]  |  |
| * GPDR Data protection / information security policy?
 | [ ]  | [ ]  | [ ]  | [ ]  |  |
| * Equality and diversity policy?
 | [ ]  | [ ]  | [ ] [ ] [ ]  | [ ]  |  |
| * Health and safety policy?
* Safeguarding Policy / Policies that are appropriate for the project as described in this funding application.
 | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  |

**5.1 Safeguarding**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| Are your Safeguarding Children policies and procedures advertised and easily accessible to staff, parents and children?  | [ ]  | [ ]  |  |
| Are your Safeguarding Vulnerable Adults policies and procedures advertised and easily accessible to staff, carers and service users?  | [ ]  | [ ]  |  |
| Are safeguarding concerns recorded and monitoring within your organisation?  | [ ]  | [ ]  |  |
| Do all staff (both paid and volunteers) know what to do if there are concerns about a child and/or vulnerable adult?  | [ ]  | [ ]  |  |
| Are children and vulnerable adults given information on where to go for help and advice and are they listened to if they have a complaint or raise a concern?  | [ ]  | [ ]  |  |
| Do you have a designated safeguarding lead (and a deputy) who will take charge if a concern is raised, and do they have access to training and advice?  | [ ]  | [ ]  |  |
| Does your designated safeguarding lead (and deputy) know how to make a referral to social care or the police if necessary?  | [ ]  | [ ]  |  |
| Are adequate checks undertaken at the point of recruitment on staff (both paid and volunteers) that include references and DBS checks where required?  | [ ]  | [ ]  |  |
| Is regular safeguarding training obligatory and available for staff (both paid and volunteers)?  | [ ]  | [ ]  |  |
| Is there guidance om expected standards of behaviour (including the use of social media) for staff, families, and service users?  | [ ]  | [ ]  |  |

**5.2 References**

Please supply details of two referees

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:  | Job tile  | Relationship to the organisation  | Length of involvement with the organisation  | Email address  |
|  |  |  |  |  |
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**Section 6: Declaration**

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| --- |
| [ ]  I am authorised to complete and submit this application on behalf of the organisation stated in this application. |
| [ ]  This application has the support of the governing body / management committee / board of trustees of the organisation stated in this application. |
| [ ]  I have included information about all other sources of funding and if this application is successful, receipt of this grant will not constitute duplicate funding. |
| [ ]  If this application is successful, the organisation will use the funding appropriately and secure goods / services at reasonable costs in line with value for money principles. |
| [ ]  The organisation keeps proper accounts and records. If this application is successful, we will retain invoices and receipts.  |
| [ ]  This project will be provided for the benefit of Bassetlaw residents  |
| [ ]  If this application is successful, the organisation will provide evidence of an appropriate type and level of insurance, confirmation of match funding and policies and procedures |
| [ ]  This application contains true and accurate information and I (or an authorised representative from my organisation), will inform the NHS Bassetlaw Place Based Partnership of any subsequent changes to the organisation contact details in writing *(email is acceptable)*. |

|  |  |
| --- | --- |
| **Application completed by:** |  |
| **Role:** |  |
| **Date of completion:** |  |