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# **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**](mailto:nnicb-bassetlaw.transformationteam@nhs.net)

**Section 1: Organisation Details** Shape, circle

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**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?

|  |
| --- |
| (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:

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

**Section 5: Due Diligence**

**5.1 Policies and Procedures**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  |  |
|  |  |  |  |  |

**Section 6: Declaration**

|  |
| --- |
| 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:** |  |