A close up of a logo

Description automatically generated

Grant Application Form 2019/20

One You South Gloucestershire is an integrated healthy lifestyles service led by South Gloucestershire Council. Southern Brooks Community Partnerships and partners deliver the Wellbeing element of the service.

As part of the programme, there is a small grant scheme of £12,000 per annum, which will be distributed in grants between £50 to £1,000. For this financial year, the grants will be distributed through two grant making panels. All funding needs to be spent by March 31st 2020.

The purpose of the grants is to reduce the five leading risk factors that contribute to reduced quality of life, early death and health inequalities in South Gloucestershire:

* tobacco smoking
* alcohol use
* poor diet and excess weight
* physical inactivity
* poor mental health and emotional wellbeing

We plan to distribute 60% of the funding to:

* BME groups
* Carers
* Disabled people
* People who are lesbian, gay, bi-sexual or transgender
* People who have low incomes
* Groups working with men
* People with long term health conditions
* People who live in the neighbourhoods of Cadbury Heath, Patchway, Staple Hill, Yate and Kingswood

Our approach is to build community resilience by helping people set up and sustain groups that address health inequalities and build on their skills and interests, with small grants for local initiatives to improve health and wellbeing.

To apply, you need to be a community group with a constitution and a bank account. If you don’t have this, CVS South Gloucestershire can help. To contact the CVS please call 01454 865205 or email [helen.black@cvs-sg.org.uk](mailto:helen.black@cvs-sg.org.uk) Or perhaps an existing group would manage the funds on your behalf, while you get set up.

If the grant request is for more than £100 this application should be submitted **before 9am on Monday 13th January 2020**. We hope to make decisions within 2 weeks of the closing date. Small grants of under £100 can be submitted anytime.

**Please sned your completed application form to:**

Email: [wellbeing@southernbrooks.org.uk](mailto:wellbeing@southernbrooks.org.uk)

Post: Southern Brooks Community Partnerships, The Kingswood Estate, Office 5, Old School House Britannia Road, Kingswood, BS15 8DB.

**Name of organisation or community group**

|  |
| --- |
|  |

1. **Is your organisation a registered charity? YES/NO**

If so, please provide your charity number:

1. **What is the legal structure of your organisation or community group?** (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| Unincorporated Association |  | Charitable Trust |  |
| Charitable Incorporated Organisation |  | Community Interest Company |  |
| Charitable Community Benefit Society |  | Company limited by guarantee |  |
| Other (please provide details): | | | |
|  | | | |
| Please state your charity registration/companies house number: | | | |

1. **Contact Details**

|  |
| --- |
| Address: |
| Post Code: |
| Telephone: |
| Email: |

1. **Name of person applying for grant**

|  |
| --- |
|  |

1. **Your position/role in the organisation**

|  |
| --- |
|  |

|  |
| --- |
| **£** |

**How much would you like to apply for?**

**Please give as much detail as possible of the costs you would like this grant to meet.**

This could include equipment, venue hire, crèche, tutor or other running costs:

|  |  |  |
| --- | --- | --- |
| **Item** | **£** | **p** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Please describe the activity or project including:**

a) The activities you are planning and how they improve people’s health

|  |
| --- |
|  |

b) The people/groups in the community who will benefit directly from the project

|  |
| --- |
|  |

c) How you involved the community in developing the project?

|  |
| --- |
|  |

d) Approximately, how many people will benefit from the project?

|  |
| --- |
|  |

1. **When will the project start and finish?**

|  |  |
| --- | --- |
| Start: | End: |

1. **Where will the activity take place?**

(Which South Gloucestershire Community/locality will be supported)

|  |
| --- |
|  |

1. What health inequalities will your project address for the people participating? (see guidance notes)

|  |
| --- |
|  |

1. **How will you measure & record the impact of your project?**

(NB you will have to complete an evaluation form at end of the project.  
Setting some measures now will help you with the evaluation process)

|  |
| --- |
|  |

1. Are you working with partner organisations in planning or delivering the activity, if so, which ones? (Partnership working can help maximise the use of resources).

|  |
| --- |
|  |

1. Have you applied for funding elsewhere for this project? (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please provide information about other funding applications

|  |
| --- |
|  |

1. **How will you ensure your project is sustainable after the funding has been used?**

(using volunteers, charges, funding from other sources, negotiate rates etc)

|  |
| --- |
|  |

1. **What are your bank details?** (required for grant payment)

**Name of bank account:**(Please provide name of the applying agency organisation details)

**Please state the exact wording required for any cheque to be issued**

|  |
| --- |
|  |

**Name & address of bank**

|  |
| --- |
|  |
|  |

|  |  |
| --- | --- |
| **Account Number** |  |
| **Sort Code** |  |

1. **I have read and followed the Guidance Notes (please tick box) □**

I undertake that any grant awarded will be used solely for the purpose outlined in this application. I understand that Southern Brooks Community Partnerships reserves the right to withhold payment of the whole or part of the grant or to require repayment of the grant where conditions of the grant have not been complied with or where the information is subsequently discovered to be false.

***NB.*** *A condition of receiving the grant is that you return a completed evaluation form to Southern Brooks Community Partnerships.*

Your name

|  |
| --- |
|  |

**Date**

|  |
| --- |
|  |

Please provide the following supporting information about your group/organisation:

|  |  |
| --- | --- |
| Checklist  (Please only tick if you have the documents) | √ or x |
| Constitution / evidence of working with Southern Brooks, CVS, other community initiative group / evidence of other governing documentation |  |
| Equalities policy / evidence of your equality approach |  |
| Safeguarding policies / evidence of your safeguarding approach |  |
| We are working in partnership with Purple Shoots who will be involved in making grant decisions. They may identify your project as one that could benefit from their support. Tick this box if you are willing to be contacted by them. |  |