



Grant Application Form 2021/22

The health inequalities small grant awards are funded through South Gloucestershire Council and St Monica Trust. There is a total amount of £14,500 which will be distributed in grants between £50 to £1,000.

All funding should be spent within 12 months of the award, and all successful applicants are expected to make use of the OYSG logo, indicating that OYSG is a funder for your project. This will be sent to you should your application be successful.

On completion of the work funded by the award an evaluation form should be requested and returned to the OYSG Wellbeing Being team at Southern Brooks wellbeing@southernbrooks.org.uk

If you would like to make any adjustments to how the award used, this must be notified to the OYSG Wellbeing Being team at Southern Brooks wellbeing@southernbrooks.org.uk

Our approach to managing this fund is to, support applications that underpin local initiatives in **South Gloucestershire for South Gloucestershire residents**, to improve health and wellbeing, contribute towards projects that address health inequalities, and are based on building community resilience.

These grants can help people set up and sustain local groups that build on local skills, assets and interests. The application form for these grants gives you an opportunity to indicate if you would wish to be connected with local organisations, such as Purple Shoots, that can advise and support you and your group.

To apply, you need to be a community group with a constitution and a bank account. However, if you don’t have this, CVS South Gloucestershire can help. To contact the CVS please call 01454 865205 or email steve.curry@cvs-sg.org.uk or perhaps an existing group would manage the funds on your behalf, while you get set up.

Grant requests for £100 or less can be submitted at any time to wellbeing@southernbrooks.org.uk. A decision about the award will be made by the OYSG Wellbeing team manager within 2 weeks of application.

If the grant request is for more than £100 this application should be submitted **before 9am on Monday 8th November 2021**. We hope to make decisions within 4 weeks of the closing date. There will be further rounds of grant applications. The dates of which will be announced on our website after a few weeks of the most recent application deadline.

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

Email: wellbeing@southernbrooks.org.uk

**Post**: OYSG Grant, Southern Brooks Community Partnerships, Coniston Community Centre, The Parade, Coniston Road, Patchway, BS34 5LP

*Please refer to the Grant Guidance notes before completing this application*

**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 would like to be contacted by them. |  |
| I agree to promote One You South Gloucestershire services and activities to our clients and partners using offline and online channels such as social media. |  |