**Grant Funding to Support People Seeking Asylum in Leeds 2023 – 2025**

**Application Form**

**Before completing this application form, please ensure that you have read the ‘Grant Funding to Support People Seeking Asylum in Leeds - Guidance’ to ensure you understand and meet the conditions of the funding.**

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| **Lead organisation:** |  |

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| **Are you applying as (please tick 1 of the following):** | |
| A single organisation | **Yes □** |
| A formal consortium/partnership  Have you submitted your service level agreement with your application form? | **Yes □**  **Yes □** |

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| **How much funding are you applying for:** |  |

**Grant Funding to Support People Seeking Asylum in Leeds - Application Form**

Please ensure that you read through the ‘Grant Funding to Support People Seeking Asylum in Leeds Application Guidance’ before completing this form.

**Your Organisation**

(if awarded a grant, the organisation named here will be responsible for running the funded project)

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| --- | --- | --- | --- |
| Name of Organisation applying | |  | |
| Organisation Address  (including post code) | |  | |
| Legal status of your organisation | |  | |
| Charity/Company Number (if applicable) |  | Email Address |  |
| Telephone Number |  | Website (if available) |  |
| Staff and Volunteers | | Number of Full-Time Staff |  |
| Number of Part-Time Staff |  |
| Number of Volunteers |  |
| Please describe the overall aims and objectives of your organisation/s (200 words approx) | |  | |

**Main contact details**

(If awarded a grant, the person named here will be responsible for overseeing the funded project and ensuring the grant terms and conditions are met)

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| --- | --- | --- | --- |
| Your Full Name | |  | |
| Your position in the above organisation | |  | |
| Address (if different from above) | |  | |
| Phone Number |  | Email Address |  |

**Second contact details**

(We require a second contact from your organisation who must be a member of your management committee)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | |  | |
| Position on the management committee | |  | |
| Address (if different from above) | |  | |
| Phone Number |  | Email Address |  |

**1. Proposed Project**

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| * 1. **Please provide a full description of the programme, project, or activity you wish to deliver, including:** (300 words approx.) * The reasons why this project is needed? * How it will be delivered? * Who will be the target beneficiaries? * How will you engage with your target audience? * Who will be responsible for each element of delivery for partnership applications |
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| * 1. Please describe the track record and relevant experience of your organisation/s to support this client group and the work of this project: (150 words approx.) |
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| * 1. How many people do you expect will benefit from your project? | Directly |  | Indirectly |  |

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| * 1. What are the proposed start and end dates of your project? | Start Date: |  | End Date: |  |

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| * 1. Delivery location/s: please explain where you intend to focus your project activity and the reasons for this: (150 words approx.) |
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| * 1. Please complete the table below to provide a details breakdown of the outputs and outcomes your project will achieve, and the related timescales: | | |
| **Outcome** | **Output** | **Timescale** |
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| * 1. Please explain how you will measure and evaluate the achievements of your proposed project, and what monitoring system you have in place to collect outputs and outcomes: * For partnership applications - how will you ensure partners will be involved in the monitoring? |
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**2. Partnership Working**

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| * 1. Please describe how you will develop a proactive partnership approach with other local stakeholders (e.g. providers, services, community leaders etc) **including specialist organisations with experience of working with people seeking asylum:** * Your response should describe how you will develop and maintain positive relationships with these stakeholders and how this work will inform and develop service delivery, enable effective pathways and result in positive outcomes for local people. |
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**Partnership Applications**

**For organisations applying for funding as a formal partnership/consortium only to complete questions 2.2 and 2.3:**

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| * 1. Please explain your formal partnership/consortium working arrangements: | | | |
| **Partner details** *(if applying in partnership)* | **Name of organisation** | **Role in project** | **Additional information** |
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| * 1. Please explain how the partnership arrangement will be structures and managed: |
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**3. Risk Assessment**

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| * 1. Please identify any barriers that you may encounter when delivering the project and explain how you will work to mitigate these: | |
| **Barrier** | **Action** |
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| * 1. If your application is successful, how do you envisage sustainability beyond this funding: |
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**For organisations applying for funding to support people seeking asylum living in asylum hotels only please complete questions 3.3 and 3.4:**

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| * 1. Have you spoken with the Home Office accommodation provider Mears to confirm your project is viable, please provide further details**:** |
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| * 1. Should the Home Office close these types of accommodation during your delivery period, how do you plan to redirect your project: |
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**4. Financial Information**

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| * 1. **How much funding are you applying for?** |  |

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| * 1. Please provide a **full budget expenditure breakdown** for the funding you are applying fo**r**: * Staffing costs to include number of staff, number of hours per week etc. | |
| **Expenditure item** | **Amount requested (£)** |
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| * 1. How will you ensure value for money? (200 words approx.) |
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| * 1. Are you, or any of your partners, providing additional resources to support this proposed project? If yes, please provide details of what these are: (200 words approx.) |
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| * 1. Has your organisation successfully applied for funding from Leeds City Council before? If yes, what funding did you apply for and when: (100 words approx.) |
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| * 1. Please provide previous examples of managing a grant of a similar value: (150 words approx.) |
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**5. Supporting Documents**

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| * 1. All applicants must provide copies of the following policies when submitting your application: | | |
|  | **Attached?** | **If ‘No’ please state why you have not included these documents with your application** |
| Constitution | □ Yes □ No |  |
| List of Management Committee | □ Yes □ No |  |
| Safeguarding Policy | □ Yes □ No |  |
| Equal Opportunities Policy | □ Yes □ No |  |
| Health & Safety Policy | □ Yes □ No |  |
| Confidentiality | □ Yes □ No |  |
| Audited accounts from last year | □ Yes □ No |  |
| Public Liability Insurance | □ Yes □ No |  |
| Indemnity Insurance | □ Yes □ No |  |
| Service level agreement  (if relevant) | □ Yes □ No |  |

**6. Additional Information**

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| * 1. Where did you hear about the Grant Funding to Support People Seeking Asylum in Leeds? |  |

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| * 1. Is there any information you would like to add to support your application? |
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**Declaration**

I am authorised to act on behalf of the aforementioned Organisation in relation to this application, and to the best of my knowledge, all information given is a truthful representation of facts.

I confirm that I have read and agree to the terms and conditions listed in the **Grant Funding to Support People Seeking Asylum in Leeds** Guidelines document.

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| --- | --- | --- | --- |
| **Signature of Applicant** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of second named contact** |  | **Date** |  |

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| By submitting this grant application form, you recognise that we will process your personal data in order to assess your proposal and determine whether you are eligible for funding. We promise to keep the information you submit safe and in accordance with data protection laws.  Signing and returning this form electronically will be considered as agreement and acceptance of the terms and conditions within the guidance. |

**Return Information**

Please send your completed application form and supporting documents

by email to:

🖂 [**migrationteam@leeds.gov.uk**](mailto:migrationteam@leeds.gov.uk)

**BACS payment form**

If you will accept payment direct to your account through BACS please fill in the section below.

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| --- | --- |
| **Organisation name:** |  |
| **Your bank’s name:** |  |
| **Your bank’s address:** |  |
| **Branch sort code:** |  |
| **Your account number:** |  |
| **Building society roll number (if appropriate):** |  |

**Your signature:**  ................................................................................................

**Your name:** ................................................................................................

**Date:** ................................