**UKSPF Community Cohesion Funding Application Form**

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| **Lead organisation:** |  |

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

**Your Organisation**

(if awarded funding, the organisation named here will be responsible for running the project)

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| Name of organisation applying: | |  | |
| Organisation address  (including postcode): | |  | |
| 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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| Contact name: | |  | |
| Your position within the organisation: | |  | |
| Address (if different from above): | |  | |
| Phone Number: |  | Contact email address: |  |

**1. Project Proposal**

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| * 1. **Please provide a full description of the community cohesion project you intend to deliver including:** * Why is the project is needed? * How will it be delivered? * Who will be the target beneficiaries? * How will you engage with your target audience? * Outline the relevant experience of staff and partners working on the project * (For partnership organisations) Who will be responsible for each element of delivery? |
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| * 1. Please describe the relevant experience of your organisation/s to support this client group work on similar projects: |
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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? |
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| * 1. Please complete the table below to provide a detailed breakdown of the outputs and outcomes your project will achieve and the related timescales (please refer to the project deliverables/ guidance documents): | | |
| **Outcome** | **Output** | **Timescale** |
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| * 1. Explain how you will measure and evaluate the achievements of your project, and what monitoring systems you have in place to collect outputs and outcomes: * How will you meet the deadlines and milestones for the project * For partnership applications - how will you ensure partners will be involved in the monitoring? |
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**2. Risk Assessment**

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| **2.1** Please identify any barriers that you may encounter when delivering the project and explain how you will work to mitigate these: | |
| **Risk:** | **Action:** |
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| * 1. If your application is successful, how do you envisage project continuation and sustainability beyond this funding: |
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**3. 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 for: * 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? |
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| * 1. Are you, or any of your partners (if applicable), providing additional resources to support this project? If yes, please provide details of what these are: |
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| * 1. Has your organisation successfully applied for funding from Leeds City Council before? If yes, what funding did you receive and when: |
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| * 1. Please provide previous examples of managing a grant of a similar value: |
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**4. Supporting Documents**

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| * 1. All organisations must provide copies of the following policies when submitting their 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 |  |

**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.

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

**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:** ................................