



Flexible Fund

Health Improvement and Prevention Programme

Application Form

Before you complete this form:

- Before you spend time completing this form please read the enclosed grant guidelines to ensure that your activity and group meet the Flexible Fund criteria. If you are unsure or need help, **please contact the Community Involvement Unit.**
- Read the Community Involvement Unit's '**Planning Your Project or Activity**' fact sheet and make sure you have thought about and put together a plan for your proposed project
- Ensure you have all the additional information you need to include with your completed application (**see Checklist on page 14**)

All sections of the application form must be completed. Please type or write clearly using black ink.

SECTION 1 – About Your Organisation

1. Name of your group

2. Group's address

3. Website address

4. Name of main contact

5. Address of main contact (if different from above)

6. Telephone

 (day) (eve)

7. E-mail address

8. Are you a registered charity? No Yes Number

9. When did your group start? (month) (year)

10. How many management committee members are: Male Female

11. How many paid staff does your group employ: Full-time Part-time None

PLEASE MAKE SURE YOU COMPLETE SECTION 7 WITH DETAILS OF YOUR MANAGEMENT COMMITTEE AND STAFF AND ANY FAMILY RELATIONSHIPS BETWEEN THEM.

12. What does your group do?

NOTE: if you are a new group that has not received a grant before, please explain why your organisation was set up and what needs or issues your activities hope to address.

SECTION 2 – Tell us what you want to do with a Flexible Fund grant

13. Please identify whether your application is linked to one of the following NHS Newham priorities (please tick one only)

- | | | | |
|---|--------------------------|--|--------------------------|
| Reducing heart disease and stroke mortality across the borough | <input type="checkbox"/> | Reducing adult smoking prevalence in the White British population (both men and women) and amongst Bangladeshi men | <input type="checkbox"/> |
| Reducing infant mortality | <input type="checkbox"/> | Halting the increase in child obesity | <input type="checkbox"/> |
| Improving the early detection and treatment of diabetes | <input type="checkbox"/> | Improving cancer survival rates to better than London average | <input type="checkbox"/> |
| Halting the increase in incidence of Sexually Transmitted Infections (STIs) | | | <input type="checkbox"/> |

14. Please indicate whether the activity you are seeking funding for is

An event? A project?

14a. Give a brief description of the activity you want us to fund:

15. If your activity involves working with children, young people or vulnerable adults, do you have a Child Protection Policy / Vulnerable Adult Policy? Yes No

16. When will the activity start? (month) (year)

17. When will the activity finish? (month) (year)

18. Where will your activity take place?

19. When will your activity take place?

Project opening days	
Project opening hours	

20. Is this a new or an existing activity? New activity Existing activity

21. Are you working with other groups on this project? Yes No

21a If yes, please state the name(s) of the group(s) and what their role in your project will be:

--

22. Explain how you know there is a need for your project or activity

--

23. Are there any groups doing a similar project or activity in your area?

24. Please outline your organisation's experience and capacity to deliver the project for which you are applying.

25. How will you show that your project or activity has been successful?

Project Plan

26. MILESTONES

By the end of the activity you are seeking funding for, your project or event will have achieved the following:

Milestone	Target Date

26a. ACTIVITIES

During the course of the project or event, the following activities will take place:

Activities	Target Date

27. OUTCOMES

By the end of the activity you are seeking funding for, you hope that your project or event will have made the following impact:

Expected outcomes	
1	
2	
3	
4	
5	

SECTION 3 – Your project or activity’s budget

28. How much money are you applying for from the Flexible Fund? £

29. Will this cover the total cost of your project or activity? Yes No

29a. If NO, what is the total cost of your project or activity? £

29b. If NO, how much has been raised so far? £

29c. What steps are you taking to raise funds for your project or activity that are not covered by a grant from the Flexible Fund?

--

30. What was your total income per year over the last three years (or since your group started?)

YEAR:		£	
YEAR:		£	
YEAR:		£	

31. Has your group produced annual accounts or a statement of income and expenditure for the last financial year? Yes No

IF YES PLEASE PROVIDE A COPY
 IF NO PLEASE PROVIDE PHOTOCOPIES OF BANK STATEMENTS FOR THE LAST **THREE MONTHS**

32. Please detail any grants received in the last two years.

Funder	Year	Amount	Activities Funded
		£	
		£	
		£	
		£	
		£	
		£	
		£	

Budget breakdown

33. Please provide details of the costs for your project or event that would be met by a Flexible Fund grant.

Item	Breakdown of cost	Total cost
<i>Example: Volunteer expenses</i>	<i>2 volunteers x £5 per day x 5 days a week x 24 weeks</i>	<i>£1200</i>
		£
		£
		£
		£
		£
		£
		£
		£
		£
		£
TOTAL COST		£

Please enclose any estimates or quotes that you have received from suppliers.

SECTION 4 – Your bank account details

34. Do you have a bank account in the organisation's name? Yes No

If **YES**, please provide the details below:

35. Account Name:

36. Bank / Building Society Name:

37. Bank / Building Society Address:

38. Sort Code: - -

39 Account Number:

40. How many people are needed to sign cheques on this account?

41. Who are the signatories to the account?

NAME	POSITION

IF YOU DO NOT HAVE A BANK ACCOUNT IN YOUR ORGANISATION'S NAME AND ANOTHER GROUP HAS AGREED TO ACCEPT THE GRANT ON YOUR BEHALF THEN PLEASE ASK THEM TO COMPLETE **SECTION 5**

SECTION 5 – to be completed ONLY if another group is accepting a grant on your behalf

If another group has agreed to accept the grant on your behalf then please ask them to complete this section:

42. Name of group

43. Group's address

44. Telephone (day) (eve)

45. When did your group start? (month) (year)

46. Account Name:

47. Bank / Building Society Name:

48. Bank / Building Society Address:

49. Sort Code: - -

50. Account Number:

Statement from group that has agreed to accept the grant for the applicant

I confirm that my group has agreed to accept the grant for the applicant's activity. I am authorised to give this permission.

I agree to ensure that all of the grant will be passed on to the applicant to be spent solely for the purpose for which it was given, and that I will account for the grant separately in my group's annual accounts and send a signed copy of these accounts once they are ready to the Community Involvement Unit.

Signature _____ Date _____

Name Position

SECTION 6 – Who benefits from your activity?

51. Approximately how many people would benefit from a Flexible Fund grant?

52. Who would be the main beneficiaries of your project or activity?

--

53. Age of beneficiaries – please give the expected NUMBER of beneficiaries

0-4		5-9		10-15		16-25		26-40		41-64		65+
-----	--	-----	--	-------	--	-------	--	-------	--	-------	--	-----

54. Please tick the relevant boxes, which best reflect the ethnic origin of THE MAJORITY of those who will benefit from the activity.

Asian or Asian British

Indian	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Other Asian - Please state:	<input type="checkbox"/>

Black or Black British

African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Other Black - Please state:	<input type="checkbox"/>

Dual Ethnicity

Asian and White	<input type="checkbox"/>
Black African and White	<input type="checkbox"/>
Black Caribbean and White	<input type="checkbox"/>
Other Dual Ethnicity – Please state:	<input type="checkbox"/>

White / European

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Eastern European	<input type="checkbox"/>
Roma, Gypsies & Travellers	<input type="checkbox"/>
Other White – Please state:	<input type="checkbox"/>

Chinese or other South East Asian

Chinese	<input type="checkbox"/>
Other – Please state:	<input type="checkbox"/>

Other (Please state)

SECTION 7 – Details of your management committee and staff

55. Please give the names and addresses of your management committee members and family relationship, if any, to other committee members or paid staff involved in your project or activity.

NAME	ADDRESS	TELEPHONE	FAMILY RELATIONSHIP

56. Please give the names of paid staff involved in your project or activity and family relationship, if any, to management committee members or other paid staff.

NAME	FAMILY RELATIONSHIP

NAME	FAMILY RELATIONSHIP

SECTION 8 – Declaration

It is essential that you understand and agree to sign up to the following terms & conditions. Please note that if you leave the group or can no longer fulfil your responsibilities, or someone else takes over responsibility for the grant on behalf of the group, you must inform us immediately.

Our signatures confirm our acceptance of the conditions below.

- We agree to abide by the terms and conditions of the grant as they are set out in the application form and the accompanying guidance.
- We certify that the information contained in this application is correct and that we are authorised by the group to accept these conditions on their behalf.
- If successful, we will not use the grant for any purposes other than those specified, without first receiving authorisation from the Aston-Mansfield Community Involvement Unit.
- We will keep the receipts for any payments made with this grant and will send copies of the receipts along with an End of Grant Report.
- We will account for the grant separately in our group's annual accounts. We will send a signed copy of these once they are ready.
- We agree to participate in monitoring, auditing and evaluation related to this Fund.

Signature 1 (the person completing this form)

Signature

Name (please print)

Position in organisation

Date

Signature 2 (member of your group's management committee)

Signature

Name (please print)

Position in organisation

Date

SECTION 9 – Checklist

Please check that you have provided the following information and enclosed the relevant documents (where applicable) and tick:

This application form with all sections completed.		<input type="checkbox"/>
Your organisation's Child Protection Policy / Vulnerable Adult Policy		<input type="checkbox"/>
Evidence, if applicable, that all staff and volunteers are Criminal Records Bureau (CRB) checked such as a list of names and CRB disclosure numbers		<input type="checkbox"/>
Your group's bank account details (section 4 of this form)		<input type="checkbox"/>
Your group's rules or constitution		<input type="checkbox"/>
Your group's equal opportunities policy		<input type="checkbox"/>
A full list of all the members of the management committee or steering group, with addresses and cheque signatories identified (section 7 of this form)		<input type="checkbox"/>
OR	Your last year's annual accounts or a statement of income and expenditure	<input type="checkbox"/>
	Photocopies of bank statements for the last 3 months	<input type="checkbox"/>
Copies of any estimates or quotes that you have received from suppliers		<input type="checkbox"/>
Written confirmation of other funding secured for your project (if appropriate)		<input type="checkbox"/>
Has this application been signed by two people?		<input type="checkbox"/>

What next?

Please ensure that you have completed all sections of the application form and have the enclosures ready (see the above checklist). Send the completed application form and enclosures by **FRIDAY 6 AUGUST 2010** to:

Kevin Blowe
Coordinator
Community Involvement Unit
Aston-Mansfield
Durning Hall Community Centre
Earlham Grove
London E7 9AB



Community Involvement Unit

If you have any queries regarding your application form, you can contact us at the address above or call us on

020 8519 2244

or email kevin.blowe@aston-mansfield.org.uk

Please make sure you keep a copy of the completed form for your own records