

**DOES OR COULD YOUR ORGANISATION SUPPORT PEOPLE WITH A LEARNING DISABILITY WHO LIVE IN CHESHIRE EAST OR CHESHIRE WEST AND CHESTER?**

Cheshire Advocacy is inviting eligible\* organisations to submit applications for grant funding for projects, services, initiatives or equipment which further its aims of providing advocacy services to people with learning disabilities (hereafter clients) living in Cheshire East or Cheshire West and Chester local authority areas.

Advocacy services might include:

* assisting a client to obtain his or her full rights and privileges as a citizen;
* providing support to a client or groups of clients so that they may better obtain and understand information, communicate and participate in decisions concerning their life, or
* representing the individual interests of a client or a group of clients to assist them to make independent decisions and to live as normal a life as possible
* using advocacy to work with groups of clients to improve their quality of life

Advocacy services which are eligible for statutory funding will not qualify. We are inviting applications for an amount up to £5,000 but larger amounts may exceptionally be considered.

**If your proposal meets these criteria then please complete the application form on the following pages and email it to: cheshireadvocacy@gmail.com by Tuesday 24 April 2018. We will acknowledge receipt of your application and give an indication of the timescale for receiving a decision.**

*\* The following are eligible organisations:*

* *Voluntary or community organisations*
	+ *Registered charities*
	+ *Community interest company*
	+ *Social enterprise*
	+ *Constituted groups or clubs*
* *Schools*

**Grant Application Form**

**The information on this form will help us process your application. Please contact us if there is anything you do not understand.**

**1. Contact details**

|  |
| --- |
| Name of organisation/group  |

|  |
| --- |
| Registered Address Office Address  |

The first contact person should be someone from your organisation who can discuss the application. Please give an alternative contact in case the first one is unavailable.

|  |  |  |
| --- | --- | --- |
| **First Contact Person** |  | **Second Contact Person** |
| Name  |  | Name  |
| Position  |  | Position  |
| Daytime phone number Mobile  |  | Daytime phone number Mobile  |
| E-mail address  |  | E-mail address  |

**About your organisation**

**2. What type of organisation are you?**

 Unincorporated association

 Registered charity

 Number:

Community Interest Company  Number:

Company Limited By Guarantee  Number:

Other (please state):

Do you have a Constitution or a set of rules? Yes/ No

Do you have a management committee/ board with at least 3 members?

 Yes/No

**3. When did your organisation start?**

|  |
| --- |
|   |

**4. What does your organisation or group do?** (max 200 words)

|  |
| --- |
|  |

**5. Where do you work?**

|  |
| --- |
| Local authority area  |

|  |
| --- |
| Town/city/village  |

**6. How would you describe the people you mainly work with?** (max 150 words)

**7. How many people are involved in running your organisation?**

|  |  |  |
| --- | --- | --- |
| Management CommitteeMembers/Trustees  |  | Full-time staff (please give positions) Part time staff (please give positions)  |
| Volunteers (not including Management Committee) |  |

**8. What is your organisation’s income?**

|  |  |  |
| --- | --- | --- |
| Financial Year (please state) |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Income  |  | Expenditure  |  | Reserves  |

**About the project you are seeking support for**

**9. Describe the project or activity** (max 200 words)

|  |
| --- |
|   |

**10. Why is this project/activity needed?** (max 150 words)

|  |
| --- |
|   |

 **11. How many clients will benefit from your proposal and how will you know if it is a success?** (max 150 words)

|  |
| --- |
|   |

 **12. Are all of these clients normally resident in Cheshire East or Cheshire West and Chester? If not please provide further information.**

 **13. Will your proposal have any sustainable benefits for clients beyond the funding period?**

 **14. How much will the project cost in total and give a breakdown of costs if appropriate?**

 **15. Where will the money come from if not solely from this application? (please indicate if this funding has already been agreed)**

|  |
| --- |
|  |

 **16. What are you asking us to fund with the grant?**

|  |  |  |
| --- | --- | --- |
| **Item** | **Total Cost** | **£ Requested from****Cheshire Advocacy** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  **Grand totals:** |  |  |

 **17. Will the funding be spent and the project completed within a year? If not please give details.**

**Administrative information**

**18. Contact details for someone who will be an independent referee for your application**

|  |
| --- |
| Name  |
|  |
| Address    |
|  |
| Telephone Mobile   | E-mail  |

**Declaration**

1. I am authorised to make the application on behalf of the above organisation.

2. I certify that the information contained in this application is correct.

3. If the information in the application changes in any way I will inform Cheshire Advocacy.

4. I give permission for Cheshire Advocacy to record the details of my organisation electronically and to contact my organisation by phone, mail or e-mail with information about its activities and about funding opportunities.

|  |
| --- |
| Signed Date |

**Documents/ information we may require**

If your application is accepted in principle we may require the following documents or information. Please tick to confirm which of these you have available.

|  |
| --- |
|  Latest annual accounts Constitution or set of rules  Copy of a bank statement less than 3 months old  Safeguarding children, young people and adults at risk policy Copies of written estimates etc. if you are applying for a grant for equipment Bank account details |

**Send your completed application to:**

cheshireadvocacy@gmail.com

**Please keep a copy of this application form for your records**