**Age Well Grant Application 2022/24**

**Before completing this form please read the Grant Guidance Notes. Please send the attached as a word document and not PDF.**

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| Please state which ‘Live Well Domain’ are you applying to?  | AGE WELL |
| Please tell us what spend you need for each district: (This must be completed) | Colchester £Tendring £ |
| Total amount applying for: (This must be completed) |  |
| Your organisation name: |  |
| Your organisation’s full address including postcode: |  |
| Website:Social Media: |  |
| Main contact:  |  |
| Job Title or Role: |  |
| Main contact email address: |  |
| Main contact telephone no:  |  |
| 2nd Contact - This is required should the main contact be unavailable  | Name:Position: Email: (This must be completed) |

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| **About your organisation: What type of organisation are you? Please tick one** (click on box to select) |
| Registered Charity  | Company Limited by Guarantee  | Unincorporated club or association  | Community Interest Company  | Charitable incorporated Organisation  | Other: please specify  |
| [x]  | [ ]  | [ ]  | [ ]  | [ ]  |  |
| **Charity and/or Company number if applicable:** |

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|  **Please answer the following questions.** (Click on box to select) | **Yes**  | **No**  |
| Does your organisation have a governing document, articles of association or a constitution **which includes a** **dissolution clause**? | [ ]  | [ ]  |
| Does your organisation have 3 or more committee members? |[ ] [ ]
| Does your organisation have a bank account with at least 2 unrelated signatories? |[ ]  [ ]  |
| Can you provide a signed copy of your annual accounts or a budget forecast for the coming year? |[ ] [ ]
| Do you have an equal opportunities/diversity policy in place? |[ ] [ ]
| Do you have a safeguarding policy in place? |[ ] [ ]
| Do you undertake DBS checks where needed/appropriate?  |[ ] [ ]
| Please confirm that your project delivery will be completed, and the funds awarded will be spent within the time scale for this fund? |[ ] [ ]
| Please confirm your project complies with the overarching domain EQIA Statement included in the criteria document - please also complete the EQIA at the end of this application |[ ] [ ]
| ***If you answer NO to any of the questions, please contact CVST/C360 before completing your application*** |

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| Please provide a brief summary about your organisations purpose and core activities*(Max 100 words)* |
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| Project Title: |  |
| Project Start and End dates *actual dates please* |  |
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| Which Alliance principle does your project aligns to – please tick those that apply (click on box to select) (This must be completed) |
| [ ]  Prevent, reduce, delay |
| [ ]  Tackles the wider determinants of health |
| [ ]  Takes an asset based approach |
| [ ]  Co-production (has been informed by citizen voice) |
| [ ]  Addresses inequalities facing residents |
| [ ]  Creates efficiencies |
| [ ]  Has been shaped with involvement form system partners |
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| Which geographical area / neighbourhood does your project aligns to – please tick those that apply (click on box to select) (This must be completed) |
| [ ]  NEE Wide |
| [ ]  Colchester Borough |
| [ ]  Tendring District |
| [ ]  Colchester North |
| [ ]  Colchester Central |
| [ ]  Colchester South |
| [ ]  Tendring West |
| [ ]  Tendring East |
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| Please advise if your project will support other domains within the Live Well Tree – please tick those that apply.for more information please see: <https://www.nee-alliance.org.uk/our-work/3>(click on box to select) (This must be completed) |
| [ ]  Start Well - Giving children the best start in life |
| [ ]  Feel Well - Supporting Mental Wellbeing |
| [ ]  Be Well - Empowering adults to be active and make healthy lifestyle choices |
| [ ]  Stay Well - Supporting adults with health or care concerns to access support and maintain healthy, productive and fulfilling lives |
| [ ]  Age Well - Supporting people to live safely and independently as they grow older |
| [ ]  Die Well - Giving individuals nearing end of life choice around their care |

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| How many people will be involved in delivering this project | Number of Staff : Number of Volunteers: Other - Please specify: |
| Project Summary - Please give a brief explanation of what you want a grant for, how your project will be delivered and who will be your beneficiaries. (*Max 400 words)*  |
|  |
| Identified Need Give reasons why the project is needed and provide evidence/ how you know it is needed. Provide details of surveys, consultations or feedback gathered from partners (i.e local police, local authority) |
|  |
| Live Well Domain Give details of how your project will support and offer a solution that reflects the ‘Domain’ that you are applying to. |
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| Using the fund criteria outcomes please select at least 1 that your project will meet. Please give details on beneficiaries and measures that you will use to meet each criteria selected *Max 200 words per outcome*  |
| **Outcomes** | BeneficiariesHow will they be engaged?How will the project make a difference to your beneficiaries?  | Number and Description of Beneficiaries  | Measures  |
| For people to live as safely and independently as possible as they grow older |  |  |  |
| **Please give details on how this project will be working with partners or delivering in partnership** Grants over £50,000 will be considered but would encourage a partnership approach. *(max 200 words)* |
|  |
| ***Sustainability/ Exit Plan -*** *please give brief details of your exit plan* |
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| Section 4 Financial Details: How will you spend the grant? *Will you be buying items, or hiring venues/products, or paying someone to undertake a task or provide a service? Please list the items and the cost.* *(Provide quotes if appropriate)* |

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| **Description** | **Cost** |
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| **Total Project cost?** | £ |
| How much has been raised so far?  | £ |
| How much money are you applying to this fund for? | £ |

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| Please describe how your project provides good value for money. *For example: details of match funding, services in kind or volunteer time and skills provided to the project:* |
| Project Milestones*Please explain your timetable for the delivery of this project and detail key milestones*  |
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| **Identified Risks Issues***Please identify any likely risks or issues associated with your project and any proposed mitigating actions***.** |
| **Risk** | **Mitigation** |
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|  **EQIA - Equality Impact Assessment** The Equality Act 2010 requires that statutory organisations take a proactive approach to equality and diversity. As statutory bodies are often funders of voluntary and community organisations it is fair and reasonable for them to expect that we have taken due consideration of how accessible our projects and services are to all, and what measures we have taken to promote inclusivity.**What are the benefits of completing an EqIA for your organisation?*** Ensures your project or services are targeted in the right way by assessing any potential impact – positive or negative.
* Working with others to identify and plan how negative impacts can be reduced, making sure that your decision making is justified and transparent and you can provide evidence of how you came to your conclusions.
* Creates an opportunity for dialogue with your communities and your boards, staff and volunteers.
* It helps to ensure good customer service in everything you do!
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| **Protected Characteristic Group** | **Is there a potential for positive or negative Impact****for people with protected characteristics?**  Please explain how you have come to this decision  | **What action have you taken / will you take to address any negative****impact**(eg. Adjustments to project delivery.) |
| **Disability** |  |  |
| **Gender Reassignment** |  |  |
| **Marriage or Civil****Relationship** |  |  |
| **Pregnancy and****Maternity** |  |  |
| **Race** |  |  |
| **Religion or Belief** |  |  |
| **Sexual Orientation** |  |  |
| **Sex (Gender)** |  |  |
| **Age** |   |  |

**Check List: Does the information supplied on this application clearly demonstrate**

[ ] How your project meets the funders criteria / outcomes

[ ] What your project aims to do.

[ ] Why your project is needed and how you know it is needed.

[ ] Who would benefit from your project and how they will be engaged.

[ ] The difference your project will make to its beneficiaries and the wider local community.

[ ] That your timescales are achievable, and the project impact can be demonstrated.

[ ] Why your project is value for money.

[ ] How much funding you want and what you will spend the money on and in which district.

**Supporting Documents: Please submit the following with your application:**

[ ]  A signed copy of the organisations governing document, constitution or articles of association which contains dissolution clause.

[ ]  Quotes for any capital/equipment expenditure

[ ]  Signed Annual Accounts or year ahead budget forecast

[ ]  An up-to-date GDPR Policy or guidelines

[ ] ICO Membership details\*

**\*Is your organisation registered with the ICO –** The ICO is the Information Commissioners office, The UK’s independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individual. For more information see [www.ico.org.uk](http://www.ico.org.uk) **YES** [ ]  **NO** [ ]

**Declaration:**

*By signing this document, you will be confirming that you have the authority to commit to the proposed project (eg approval from your committee/board and agreement from partners).*

Print Name ………………………………………… Position ……………………………………

Signed:……………………………………………… Date: ………………………………………

**Once completed please return the signed grant application form and supporting documents by the closing date as stated in the guidance**

**Colchester Based Organisations -** funding@community360.org.uk or by post to Community360, Winsley’s House, High Street, Colchester, CO1 1UG

Phone 01206 505250

**Tendring Based Organisations** - funding@cvstendring.org.uk or by post to CVS Tendring, Imperial House, 20 – 22 Rosemary Road, Clacton-on-Sea, CO15 1NZ

Phone 01255 425692

**For applications for projects covering both Tendring and Colchester please submit ONE application to the area where your organisation is based.**