**Main Grants 2022-25**

**Application Form – A coordinated social prescribing service**

THIS IS A WORD VERSION OF THE APPLICATION TO SUPPORT YOUR ORGANISATION TO GATHER THE INFORMATION AND ANSWERS YOU NEED PRIOR TO FILLING IN THE ONLINE FORM. **IT IS NOT THE ACTUAL APPLICATION.**

**THE ACTUAL APPLICATION MUST BE FILLED IN ONLINE, ON THE FUNDING PORTAL.** WE WILL NOT ACCEPT APPLICATIONS THAT HAVE NOT BEEN SUBMITTED VIA THE ONLINE PORTAL.

**Important**

Before starting to complete the application form, please ensure you have read the Guidance carefully, and have the information and documents in the checklist below to hand. If you have any questions after reading the Guidance, please contact [maingrants@lewisham.gov.uk](mailto:maingrants@lewisham.gov.uk)

Please complete all parts of this form. Incomplete applications will not be considered. Please provide as much information as possible, and keep to the word limits.

**Guidance on Completing Applications**

Remember to read the [application guidance](https://communityfunding.lewisham.gov.uk/sites/default/files/uploads/Main%20Grant%202022-25%20Guidance_final.pdf) in full and try to come along to a [workshop](https://communityfunding.lewisham.gov.uk/maingrants/main-grants-help-apply) before completing your application.

Once you submit the application, you will receive an email confirmation with the text "Thanks for completing the grant application. You can find a pdf copy of your application attached for your records." If you do not receive this email for any reason, please contact [main.grants@lewisham.gov.uk](mailto:maingrants@lewisham.gov.uk) for assistance.

**Main Grants Application Form Information and**

**Document Checklist**

Before starting your application, it will be useful to have the following documents / information to complete your form:

* Guidance Notes
* Name / Address of organisation applying
* Project lead contact details
* Details of the organisation delivering the project
* Organisation registration details
* Management Committee / Board / Trustee details
* Funding - details of previous funding applications over the past 3 years
* Project details - description of project, budget, priorities

**1. Contact details**

Please provide full contact details of the organisation applying for the grant.  When stating the name of the organisation please ensure this is exactly the name you are registered under (e.g. Charity registration). We are asking for some additional information this round about social media.

**Organisation name:**

**Name of main contact:**

**Full address:**

**Phone number:**

**E-mail address:**

**Website:**

**Facebook:**

**Twitter:**

**Instagram:**

**Other if applicable:**

**2. Eligibility: Legal Status of organisation**

**Please tick your organisation's legal status:**

Registered Charity

Company Ltd by Guarantee

Community Interest Company

Co-operative

Other - Constituted (includes CIO and Soc Enterprise)

Does your intended programme mainly benefit Lewisham residents (90% of your recipients live in Lewisham)?

Yes

No

If you have ticked “No”

Please explain how you will ensure Lewisham residents benefit the most from your programme.

**(Max 250 words)**

**3. Your service offer**

Please read the guidance before selecting the Main Grant theme(s) below. The theme(s) you select will affect the questions that appear throughout the form, so it is essential that you only select the theme(s) relevant to your application.

Which Main Grant Theme(s) are you applying for? (You must tick at least one).

An economically sound future

A healthy and well future

A future we all have a part in

Which sub-theme are you applying for?

* + Co-ordinated Social Prescribing service
  + Physical and mental health wellbeing activities
  + Volunteering
  + Connecting people to local community or communities of interest

The Main Grants Programme runs for three years. Please tell us the annual amount you are requesting.

£

£

**Total over 3 years**: (automatically calculated)

**4. Organisation and project summary**

**4a. Please give a description of your organisation, including:**

* Your mission, aims and objectives
* Your strategic objectives for the next three years (please attach your most recent strategic or business plan)
* Your key service user groups
* A summary of your achievements in the last 2 years

**(Max 500 words)**

**Please attach your most recent strategic or business plan**

**4b. Please describe your service model for a coordinated social prescribing service**

* Who will deliver it?
* How will the service work?
* Where will it be based?
* How will residents access it?
* How many people will you see per year?
* Who will be your partners and in what way will you work with them?
* What systems will you use to capture data?
* What training and support will staff receive?
* How will you ensure the service responds to what residents need?

**(Max 1000 words)**

**4c. What information governance (IG) including compliance with the General Data Protection Regulation (GDPR) do you have in place?**

**(Max 500 words)**

**5. Protected Characteristics**

**The Council must adhere to the Equality Act 2010 in its provision of funding. Any organisation that is grant funded by the Council must strive to ensure their services are accessible and available to everyone.**

**The Equality Act 2010 sets out the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.**

**How will your service engage and promote services to groups with protected characteristics?**

**Please tell us:**

* **How will you make your service accessible?**
* **How will you reach communities who need your services but aren’t currently using them?**
* **Who are the groups that you would target?**
* **How will you target those groups**

**(Max 300 words)**

**6. The COVID-19 pandemic has changed the way we work in many ways**

**Please tell us:**

* **If your organisation has changed due to the pandemic and if so, what you have done to deal with the changes**
* **How you adapted to new ways of working - for example doing more things online such as meetings or events**

**(Max 250 words)**

**7. Partnerships and resources**

**We want to know how you have delivered or plan to deliver projects through previous, existing or future partnerships. Please tell us:**

* **Who you have worked with**
* **What you have achieved as a result of partnership working**
* **The names of the organisations/groups you plan to work with**
* **The needs you have identified for your service users**
* **The specific  buildings and spaces you plan to use**

If you are applying for the Advice or Social Prescribing themes and have already provided details of partnership working above, please use this space to provide any further detail if required.

**(Max 400 words)**

**8. Service Development and Resources**

**If you are successful, how will this Main Grants funding enable you to develop your service(s) over the next three years and bring in wider resources including additional funding?**

**Please tell us:**

* **How many extra people you would expect to work with**
* **The activities you will deliver**
* **The difference you want your service to make**
* **How your service is different from those that are already in place or already funded/commissioned by the council (if applicable)**
* **How much extra funding you think you will attract in this period. You should state the level of funding that you would anticipate attracting during this period**

**These points are minimum requirements.**

**\* Your answers in this section will be part of your monitoring returns if you are successful; the exact details will be agreed with you once the grant has been awarded.**

**(Max 500 words)**

**9. Shared Values**

**Our shared values reflect the nature of our council. They describe what is important to us and what we can expect from each other in the way we do our work.**

In applying for the Main Grants funding you are agreeing to work in partnership with us to demonstrate your commitment to: (Please untick any of the following which do not apply) required

London Living Wage

Equalities

Being Dementia Friendly

Ending Modern Slavery

Sustainability

If you are not able to agree to any of the above, please give reasons why. (Max 250 words)

**10. Outputs and outcomes**

**Detail your outputs (activities, how often they will be delivered, and numbers of people who would benefit) and outcomes (the difference your activities will make to your service users and the wider community) and explain how you propose to measure your performance against what you say you will do. Please remember your outcomes must be linked to the theme priorities.**

Please see below some examples

Example Outcome:

- *People increase their fitness levels to improve their health and well-being.*

Example Output:

- *Weekly online dance classes for 100 previously socially isolated adults will be delivered. 150 sessions (each 60 minutes long) will take place in 2 locations (Downham and New Cross).*

Example of how you will measure outcome:

* *Registers of all attendance at activities*
* *Questionnaires / interviews will be used to assess impact on participants.*
* *An external health professional will evaluate health, fitness and well-being impact.*
* *Comments and observations from teaching and support staff, artists, facilitators etc.*

**Detail your outcomes, outputs and how these will be measured**

|  |  |  |
| --- | --- | --- |
| **Outputs** | **Outcomes** | **How you will measure outcomes** |
|  |  |  |
|  |  |  |
|  |  |  |

**Your track record**

**11. Resources: your track record of attracting resources both financial and human**

**Please complete the below table detailing your track record of funding applications, both successful and unsuccessful, over the past three years.**

**You will then have an opportunity to tell us in your own words, about any other resources you've successfully attracted over the past 3 years.**

**Please include any funding you have received from Lewisham Council.**

**Funding Applications**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Funder | Level of funding requested | Outcome/level of funding received |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Other fundraising activities – methods used, for example crowdfunding, commissioning/contracts, events, and amount raised and the purposes for which you fundraised

Volunteer engagement – types and numbers of volunteers, for example delivery support, befrienders, trustees and estimate of hours provided

Secondee/student placement/internship – types of placement and hours provided

Donated equipment - source, type and approx. financial value

**12. Overall financial position**

**Please complete the below table with high level figures for 2018/19, 2019/20 and 2020/21 (anticipated).**

**It is not necessary to split these figures into restricted or unrestricted funds or provide further detail – the table is simply intended to give a general sense of your organisation's financial health.**

**Overall financial position**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Income** | **Expenditure** | **Surplus/deficit** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**12a. Reserves and Sustainability**

**Please describe your current reserves situation, including*:***

* **Number of months your organisation could operate using free reserves (i.e. reserves not held for specific purposes?)**
* **Any specific reserves and the purposes for which they are held, for example delivery of specific projects, redundancy costs, premises cost**
* **Any other funding you hold which helps to sustain the organisation**

**If for any reason your current reserves do not meet your reserves policy thresholds at this time, please explain the current position and your plans for returning reserves to the defined level.**

**(250 words max)**

**12b. Is the organisation up to date with filing your accounts with the Charity Commission/Companies House?**

* Yes
* No

If not, please explain why

**(Max 100 words)**

**Budget**

**13. Project Costs**

**We will fund part or all of your core activities if they meet the criteria specified, as well as new projects meeting the criteria. We do not want to be prescriptive about how you use the funds (For example you may choose to back-fill an existing post in order to increase new activities) but we want you to tell us how the money will be spent.**

**Please complete the below table and specify the annual staffing and resourcing cost for the project and/or the proportion of core costs you would like the grant to cover. Please ensure the total matches the annual amount you are requesting from the Main Grants Programme (Example answer provided in guidance).**

**Staff Costs**

|  |  |  |
| --- | --- | --- |
| **Role name and full-time equivalent (FTE) hours (e.g. .5 = half time post)** | **Actual salary** | **Additional costs, e.g. pension contribution, National Insurance etc.** |
|  |  |  |
|  |  |  |
|  |  |  |

**Activity Costs**

Please provide details and amount for the following costs:

|  |  |
| --- | --- |
| Service Users | Amount |
|  |  |

|  |  |
| --- | --- |
| Volunteers | Amount |
|  |  |

|  |  |
| --- | --- |
| Equipment | Amount |
|  |  |

|  |  |
| --- | --- |
| Marketing and Promotion | Amount |
|  |  |

|  |  |
| --- | --- |
| Travel | Amount |
|  |  |

|  |  |
| --- | --- |
| Translation/Interpretation etc. | Amount |
|  |  |

|  |  |
| --- | --- |
| Staff Expenses | Amount |
|  |  |

**Running Costs**

|  |  |
| --- | --- |
| Heating, light and power | Amount |
|  |  |

|  |  |
| --- | --- |
| Internet/telephone | Amount |
|  |  |

|  |  |
| --- | --- |
| Rent/rates/venue hire | Amount |
|  |  |

**Other Costs**

|  |  |
| --- | --- |
| Overheads | Amount |
|  |  |

|  |  |
| --- | --- |
| Maintenance | Amount |
|  |  |

**About your organisation**

**14. Please tell us who is in your organisation**

**Number of committee members:**

**Number of volunteers:**

**Number of paid staff:**

**Number of other members:**

**15. Trustee / Board Details**

If applicable, please provide the names, position held, date elected and term of office of all members of the organisations management committee/board/trustees

If applicable, please provide the names, position held, date elected and term of office of all members of the organisations management committee/board/trustees.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** | **Position held** | **Date elected** | **How long have they been a trustee?** |
|  |  |  |  |
|  |  |  |  |

**16. Board Statement**

**Please include a statement from your Board regarding how your organisation is run. This should include:**

* **How are trustees recruited**
* **How are the key roles on the board elected**
* **How often are trustee meetings held**
* **Your staff management arrangements – how often are staff and volunteers supervised and by whom?**
* **How do you keep oversight of the finances**
* **Do you have a strategic plan**
* **When was your strategic plan last reviewed**

**(Max 500 words)**

**17. Monitoring and evaluation**

**Please tell us what arrangements your organisation has in place to ensure you are delivering good quality services. For example how do you monitor and evaluate services provided. This could include:**

* **How you monitor who uses your services**
* **Service user feedback**
* **How you know your service has made the difference that you intended to your service users and/or the wider community**
* **How you measure the difference your service has made**
* **Feedback from other professionals or services that refer to you**
* **Written polices and processes**
* **Training and support of your staff and volunteers**
* **Case studies**
* **Accreditation/quality mark**

**(Max 500 words)**

**17a. Opportunities and risks**

**Please describe the opportunities and threats (risks) faced by your organisation over the next three years and what plans you have in place to deal with them.**

**(Max 250 words)**

**18. Banking arrangements**

**Successful grant recipients will have their grant paid directly into the organisation’s bank account. If you have not been funded in the most recent grants round by Lewisham Council or if your bank details have changed, please give details of the bank or building society the grant should be paid into.**

|  |  |  |
| --- | --- | --- |
| **Account Name** | **Account Number** | **Branch Sort Code** |
|  |  |  |

*Please ensure you give exactly the name that appears on your bank statements/card/other documents*

**Bank name and full address**

Please attach your accounts for 2019/20 – if you were formed after 2019 please attach your most recent set of management accounts.

**19. Documentation**

**You must be able to supply the below documents within 10 working days on request otherwise your application will be invalid**

Please indicate here that these documents will be available on request required

Organisation’s constitution or governing document

Accounts for 2019/20 (audited/independently examined)

Equalities and Diversity policy and procedures

Health & safety policy

Volunteers’ policy (if applicable)

Child protection and vulnerable adults safeguarding policy (if applicable)

Evidence of CRB / DBS checks and disclosures – reference number and date (if applicable)

Public liability insurance (if applicable)

**Further information and declaration**

**In the space below write any points you want to bring to the attention of the Council.**

**(Max 200 words)**

**I declare that as the applicant (name)**

**…………………………………………….**

**I will inform Lewisham Council without delay, of any situation considered a pecuniary or business interests or which could give rise to a conflict of interest**

**I wish to declare the following pecuniary or business interests**

**…………………………………………….**

The London Borough of Lewisham is registered as a ‘Data Controller’ with the Information Commissioner’s Office (ICO) under the General Data Protection Regulation, as we collect and process personal information about you. We collect, process and hold your information in order to provide you with a service. The information you provide will be used to:

 assess if your project meets the criteria outlined in the Main Grants Programme guidance

 help us assess and monitor the Main Grant Programme funding

 provide information for statistical purposes

We will hold your personal information for no longer than 5 years, and should you have any queries or concerns, please contact the planning policy team at [Main.Grants@lewisham.gov.uk](mailto:Main.Grants@lewisham.gov.uk).

We may share your information and outcome of the funding application to other departments within the council that are helping us assess and monitor the Main Grants funding programme. We reserve the right to publish the application form in its entirety if the applicant will be involved in the delivery of a successful project.

**I certify that the information supplied is accurate to the best of my knowledge. I understand and accept that providing deliberate false information could result in legal action being taken against me and withdrawal of funds awarded.**

**I would like to be contacted about opportunities for future funding, organisational support, partnership or other opportunities related to community development in Lewisham and agree for my data to be held by Lewisham Council and used for this purpose.**

**Signature**

**…………………………………………..**

**Full Name**

**Organisation Name**

**Organisation Address**

**Position**

**Date**