

**2020-2021**

**Guidance and**

**Application Form**

**(Grant applications for activities under £1,000)**

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**Part One: Important information before you start your application**

1. **Completing the form**

* Please make sure you have answered every question and read you application before you send it to us.
* If you are able to scan your completed application form please email the scanned version to: [thirdsectorgrants@npt.gov.uk](mailto:thirdsectorgrants@npt.gov.uk) putting the name of your organisation from Question 1 into the email subject line.

1. **Help with your application**

If you have any questions about the grant process or completing this application form, or if you need it in a different format (for example large print), please contact:

Denise Weaver on 01639 686219 or email [thirdsectorgrants@npt.gov.uk](mailto:thirdsectorgrants@npt.gov.uk)

**Part Two: Process Summary**

1. **What are we looking for?**

* Grant applications will need to demonstrate how proposed activities will support the delivery of the Council’s policies and priorities. These are summarised in the Council’s Corporate Improvement Plan
* Applications must demonstrate how proposed activities will reduce demand on council services
* Applications that demonstrate how Council funding will be used to lever in additional resources in support of Council policies and priorities are particularly welcomed
* Applicants will need to demonstrate financial sustainability. The Council will wish to be satisfied that the applicant is not dependent on continuing Council funding to achieve financial sustainability.

1. **Who can apply**

Please refer to the Scheme

1. **How much can you ask for?**

You can apply for up to £1,000 to support an activity using this application form. If you wish to apply for over £1,000 please use the appropriate application form.

1. **What can you apply for?**

Please refer to the Scheme

**APPLICATION FORM**

**Part Three- Your organisation and contact details**

1. **Organisation name**

*What is the full legal name of your organisation, as shown in your governing document?*

1. **Does your organisation use a different name in your day to day work? (please tick)**

Yes No

If yes, what other name do you use?

1. **What is the main or registered address, including postcode for your organisation?**

Postcode:

Phone Number one: Phone Number two:

At least one of the numbers must be a landline

1. **What is the main email address for your organisation?**

*This should be the email address people use to contact your organisation. It can be a personal email address if your organisation doesn’t have one*.

1. **Does your organisation have a website address? (please tick)**

Yes No

If yes, what is the address?

1. **What type of organisation are you? (Please tick the most appropriate)**

|  |  |
| --- | --- |
| **Type of Organisation** |  |
| Registered Charity  (please provide Registration Number) |  |
| Voluntary Organisation |  |
| Social Enterprise |  |
| Housing Association |  |
| Development Trust |  |
| Other (please specify) |  |

1. **Is your organisation independent or a branch of a larger organisation? (please tick)**

**Independent**

*An independent organisation will have its own governing document and can manage its own funds and staff*

**Branch**

If you are a branch, what is the name and address, including postcode of the larger organisation?

Postcode:

If we offer a branch a grant we will ask the larger organisation to accept overall responsibility for it.

1. **When was your organisation set up?**

*Please give the date when your organisation adopted its current legal status. This should be in your governing document. All organisations need to provide this date.*



1. **What is your organisations current financial position?**

*It is essential that financial need for this grant can be evidenced clearly.*

Please insert the amounts from your latest annual accounts.

|  |  |  |
| --- | --- | --- |
| What was the date of your organisation’s most recent annual accounts year ended  Please enter: **DD/MM/YY** | |  |
| Income:  £ | Expenditure:  £ | Balance carry forward:  £ |
| Restricted Reserves:  £ | Unrestricted Designated Reserves:  £ | Unrestricted General Reserves:  £ |

Please tell us what your organisation’s reserves policy is:

1. **Do you anticipate any changes to your orgainsatonal structure over the next few years? (please tick)**

Yes No

If yes, please provide more detail

**Part Four - The activity for which you are seeking funding**

1. **When are you planning to start and finish your activity? (please tick)**

Is your start date:

**Fixed** (e.g. a one off event which has to happen on or by a certain date) or

**Flexible** (e.g. an ongoing activity which can be delivered at any time)

Activity start date:

Day Month Year

|  |  |  |
| --- | --- | --- |
|  |  |  |

Activity finish date:

Day Month Year

|  |  |  |
| --- | --- | --- |
|  |  |  |

If your start date is flexible put the earliest date you would like your activity to start.

**12. What would you like to call the activity?**

*Try and keep the activity name short and snappy e.g. Youth Matters. If you haven’t thought of a name for the activity you can use your organisation’s name.*

1. **Please give a full description of the activity (600 words)**

* *Tell us what you plan to do and how you have identified the need for this activity*
* *How will you deliver the activity?*
* *Are you working with other organisations to deliver the activity? If yes, who are they and what will they do?*
* *What area of Neath Port Talbot will the activity be delivered in?*
* *Tell us about the people, communities or organisations that will benefit from your activity*
* *Tell us how you will prove your activity has been a success*

1. **What key outcomes/outputs will your activity achieve?**
2. *Outcomes - We call the key changes or differences an activty will make activity outcomes. If your activity will result in two key changes then all you need do is list those two outcomes. Giving two or three will not in anyway reduce your application’s chance of success so don’t be tempted to add unnecessary outcomes just to fill the box. In each outcome, tell us who will benefit from the change.*

To help you with this section here is an example:

The objective of an activity is to: Provide Health and Well Being sessions for young parents

Outcomes would be – Parents gain an increased understanding of nutrition / parents gain skills to prepare healthy meals for their families.

Outcomes:

|  |  |
| --- | --- |
| Outcome  1 |  |
| Outcome  2 |  |
| Outcome  3 |  |
| Outcome  4 |  |

1. *Outputs - Outputs can include services you offer or facilities you provide. They are what you 'put out' as a result of your activity.*

Using the health and well being sessions example above:

An output would be – 10 health and well being sessions held

*Giving two or three will not in anyway reduce your application’s chance of success so don’t be tempted to add unnecessary outputs just to fill the box.*

Outputs:

|  |  |
| --- | --- |
| Output  1 |  |
| Output  2 |  |
| Output  3 |  |
| Output  4 |  |

1. **How will you make sure your organisation can deliver the activity (500 words)**

*We want to know about your ability to deliver this activity successfully. This may include:*

* *Your organisation’s experience of delivering similar activities*
* *Your staff and management committee’s relevant skills and expertise and what training and/or development opportunities have been accessed*
* *The support you will need from other organisations or partners*

1. **If the grant is awarded how will it affect, if at all, opportunities for people to use the Welsh language and its equal treatment with English?**

**Part Five – Financial Information**

1. **How much are you requesting from Neath Port Talbot County Borough Council and what percentage is this of the total cost of the activity?**

|  |  |  |
| --- | --- | --- |
| Full cost of the activity | Amount requested from Neath Port Talbot County Borough Council | % of the full cost requested from Neath Port Talbot County Borough Council |
| £ | £ | % |

1. **Will the funding applied for attract additional resources into the County Borough? (please tick)**

Yes No

If yes please provide further detail

1. **Other sources of funding for this activity if not 100% of full cost requested as part of this application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source:** | **Confirmed**  **Yes / No** | **2020/2021**  **Amount** | **2021/2022**  **Amount** | **2022/2023**  **Amount** |
| Eligible Reserves- that will be used to fund the activity |  |  |  |  |
| Business income |  |  |  |  |
| Donations |  |  |  |  |
| Fundraising |  |  |  |  |
| Business Sponsorship |  |  |  |  |
| Grant funding secured  (please itemise) |  |  |  |  |
| Funding being applied for (please itemise) |  |  |  |  |

1. **Breakdown of item(s) being bought with the funding requested from NPTCBC**

|  |  |  |
| --- | --- | --- |
| **Items** | **Total Cost**  **(£)** | **Amount from funding requested (£)** |
| e.g. Direct staff costs |  |  |
| Other staff costs (e.g. training) |  |  |
| Property costs (e.g. repairs and maintenance, rent, gas, electricity) |  |  |
| Transport costs (e.g. fuel, hire vehicles) |  |  |
| Supplies & services (e.g. stationary, advertising, licenses) |  |  |
| Capital costs (e.g. furniture, adaptations) |  |  |
|  |  |  |
|  |  |  |

1. **Please provide details of grants recieved from NPTCBC in past 3 years:**

|  |  |  |
| --- | --- | --- |
| **Financial Year**  **2017/18, 2018/19, 2020/21** | **Type of Grant** | **Amount**  **(£)** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Please provide evidence of insurance for the following types of insurance that your organisation has in place.**

The evidence should include the name of the insurers, policy numbers, expiry date, and limits for any one incident.

Please complete the table below and **provide copies of relevant insurance certificates.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Employers liability insurance** | **Public liability insurance** | **Property (including Contents)**  **insurance** |
| **Name of insurers** |  |  |  |
| **Policy numbers** |  |  |  |
| **Expiry dates** |  |  |  |
| **Limits for any one incident** |  |  |  |

1. **Declaration**

As a duly authorised representative for and on behalf of the organisation named below, I hereby certify that all information provided to the Council in this Application Form is complete and accurate in all respects.

Signed:

Name:

Position:

Duly authorised representative

For and on behalf of:

Date: