**Blackburn with Darwen**

**Community Fund Round 5**

Application Form for Grants up to £1000

This small grants fund is being run by Community CVS on behalf of Blackburn with Darwen Borough Council, Healthier Pennine Lancashire, the Brian Mercer Trust and the Eric Wright Charitable Trust. It forms part of the Community Pledge, which focuses on getting communities to volunteer and develop solutions that make a difference within their local neighbourhoods. To be eligible to apply for a grant, your group has to have:

* a constitution or governing document and a committee made up of 3 or more people who are not related
* your own bank, building society or credit union account in the name of the organisation which requires two signatories or have the agreement of another organisation to hold the funds on your behalf (who have an account requiring two signatories)
* must not be a statutory body or private sector organisation (i.e. it must be set up on a ‘not for private profit’ basis - not privately owned or be able to distribute dividends to individuals and must be able to undertake activities of a charitable purpose).
* your group **must not** directly employ any paid members of staff and **must** be run by volunteers and use volunteers to deliver its activities (i.e. to ensure the funds go to small grassroots organisations rather than large charities or social enterprises)
* the activity must take place within Blackburn with Darwen and benefit residents of Blackburn with Darwen.

The criteria and weight we will use to assess your application will be:

1. Activities that meet **an identified community need**, that tackles health inequalities and wider socio-economic inequalities to improve people’s well-being (25%)
2. The project clearly **explains how it can be delivered with the identified resources** (i.e. the volunteers and the funding) (25%)
3. The project will offer **Value for Money** (25%)
4. Activities that demonstrate significant **Community Impact** – clearly identifying the positive outcomes of what your project will achieve (25%)

Groups may apply for £500 funding to run the proposed activities and/or £500 to purchase equipment to help your group deliver its activities. There is a guidance document that will explain more about inequalities and the health context of the work. If you have any questions or queries regarding completing this form please contact CVS on 01254 583957 or email at office@communitycvs.org.uk

**Completed applications must be returned by 12.00 noon on Monday 09th May 2022 (Round 5). Late applications will not be accepted.**

**Section One:- About Your Community Group or Organisation**

The information provided in paragraphs 1.3 and 1.4 will be used to promote the work of your group to others.

1.1. Name of group/organisation

1.2. Full address of organisation (for correspondence)

Postcode:

1.3. Main contact

Contact name:

Title: Miss/Ms/Mrs/Mr (please circle)

Position in organisation:

Telephone number:

Email:

Website:

1.4. Brief Description of Your Group/Organisation’s Aims. What are you set up to do?

1.5. Bank account details

|  |  |
| --- | --- |
| Account name as it appears on cheque book: |  |
| Bank/Building Society: |  |
| Bank/Building Society Address: |  |
| Sort code: |  |
| Account number: |  |
| Confirmation that your account requires two signatories for all payments | Yes / No |

**Section Two:- About Your Project**

2.1 What is your project?

What activity do you plan to deliver? How will volunteers be involved? Where will it take place and who will benefit? Who in your local community supports your application?

2.2 Which of the following charitable purposes will your project support (tick one or more)?

|  |  |  |  |
| --- | --- | --- | --- |
| **Charitable Purpose / Public Benefit** | **** | **Charitable Purpose / Public Benefit** | **** |
| Advancement of Amateur Sport |  | Advancement of Health or Saving of Lives |  |
| Advancement of Arts, Heritage, Culture or Science |  | Advancement of Human Rights, conflict resolution, or the promotion of religious or racial harmony or equality or diversity |  |
| Advancement of Citizenship or Community Development |  | Prevention or Relief of Poverty |  |
| Advancement of Education |  | Relief of those in need by reason of youth, age, ill-health, disability, financial hardship or other disadvantage  |  |
| Advancement of Environmental Protection or Improvement (including improving neighbourhoods) |  | Any Other Charitable Purpose (with the exception of advancement of religion or animal welfare) |  |

2.3 Please explain how your proposed activity will **meet an identified community need** within your neighbourhood or across Blackburn with Darwen. Please explain what barriers the people you want to support face?

1. Who will your project support? (Please tick all the that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Equality Groups with Protected Characteristics (more info in Appendix B) |  | Deprived Neighbourhoods(maps are available in Appendix C) |  | Risk and Disadvantage due to Personal Circumstance |  |
| BAME communities |  | Blackburn East**Audley and North Road** |  | Adults with Multiple Complex Needs |  |
| Children & Young People with SEND |  | Blackburn East**Higher Croft** |  | Adult Carers |  |
| Children & Families Living in Poverty |  | Blackburn East**Shadsworth** |  | Asylum Seekers & Refugees |  |
| Disabled People |  | Blackburn East**Town Centre East** |  | Ex-Offenders or Offending backgrounds |  |
| LGBTQ community |  | Blackburn East**Whitebirk & Intack** |  | Homeless or Living in Hostels |  |
| Minority Faith Communities |  | Blackburn West**Town Centre West** |  | Living in a remote rural community |  |
| People aged 50+, who are frail and lonely |  | Blackburn West**Green Lane Estate** |  | Looked After Children |  |
| People with learning disabilities |  | Blackburn West**Infirmary & Hollins Bank** |  | Other (Please specify………………………….) |  |
| People with learning difficulties |  | Blackburn West**Mill Hill** |  | People in Recovery from alcohol or substance misuse |  |
| People with long term physical health conditions |  | Blackburn West**Lower Preston New Rd** |  | Single Parent Household |  |
| People with long term mental health conditions |  | Blackburn West - **Moorgate** |  | Unemployed or Economic Inactive |  |
| Pregnant Mothers |  | Blackburn North**Bastwell and Daisyfield** |  | Victims of Adverse Childhood Experiences |  |
| Vulnerable Men |  | Darwen - **Hollins Grove** |  | Victims of Domestic Abuse |  |
| Vulnerable Women |  | Darwen - **Sudellside** |  | Young Carers |  |

1. Please Explain what barriers they face and how your project will support them to overcome those barriers.

**What barriers do they face?**

**Social Barriers** (e.g. lonely, isolated, no support structures, poor self-esteem, few friends, few positive activities, not physically active or mentally active, poor digital skills)

**Economic Barriers** (e.g. low income, no job, debt, poor skills, etc.)

**Environmental Barriers** (e.g. transport, going out of the home, poor housing, fear of crime)

**How will you support them to?**

Socially (join groups, activities, volunteer, develop their confidence, meet new friends, be more physically active and mentally active, develop digital skills)

Economically (manage their finances better, develop new skills, gain work experience, get a job, set up a business, etc.)

Environmentally (improve their neighbourhood , recycle more, grow more, be environmentally responsible)

**Social Isolation and Loneliness**

Please also explain how your project will help to combat social isolation and loneliness and get more people involved?

2.4 Explain how you will deliver your project with the identified resources (finance, equipment and volunteers)

**Project Budget – how do you propose to use the revenue grant (if applicable)? What will you spend the grant on and why?**

**Equipment – how do you propose to use the equipment grant (if applicable)? Why is the equipment needed?**

**Volunteers** (all projects must involve the use of volunteers) **– how will your project involve and use volunteers? How many volunteers will be involved? What will they do? Will you recruit new volunteers? What new skills will your volunteers learn? How will learning these skills benefit your group and the wider community?**

2.5 What will be the Community Impact of your Project in terms of the social determinants of health listed below? (Please tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual Lifestyles & Behaviours** |  | **Socio-Economic Factors** |  |
| Abstinence or Reduction in Alcohol Use, Drug Use, Smoking, Gambling or other addictions |  | Supporting the unemployed or economic inactive to build their confidence, improve their skills and chances of getting work |  |
| Safe Sexual Activity |  | Developing digital skills for life |  |
| Better Diets and healthy food consumption |  | Developing Inclusive Volunteering Opportunities to help develop skills |  |
| More Physical Activity and Exercise |  | Helping people to set up in business |  |
| **Community and Social Networks** |  | **Environmental Factors** |  |
| Attending more social activities |  | Involved in improving community facilities, housing or energy |  |
| Joining New groups |  | Involved in recycling or reducing waste |  |
| Making new friends |  | Involved in tree planting or food growing |  |
| Volunteering to be part of and give back to the local community |  | Involved in making your deprived neighbourhood cleaner, greener or safer |  |

Please explain what impact will your project have in terms of some of the social determinants of health mentioned above? Please explain how many people will be supported and what difference your help will make to their lives and reducing social, economic or health inequalities.

2.6 Please state what your project will achieve in terms of:

|  |  |
| --- | --- |
|  | Number of People(insert number) |
| Number of vulnerable people given positive messages about the Vaccination Programme |  |
| Number of people supported and making progress in terms of at least one of the social determinants of health |  |
| Number of volunteers (both new and existing) involved |  |
| Number of volunteers (both new and existing) developing new skills |  |
| Estimated total volunteer hours required to delivery your project |  |
| Community Impact: How many people (both existing and new) who will benefit from the project? |  |

**Section Three:- Project Details and Financial Information**

3.1. Have your volunteers undergone a Disclosure and Barring Service Clearance check (previously Criminal Records Bureau checks) as required for working with children and vulnerable adults?

Yes/No

3.2. Start date for **this** project End date

3.3 Where will the project/activity take place?

Please name the neighbourhood or venue where your project will be delivered (including the name of the venue, street name, town and postcode). If you know the ward please state this also.

3.4 Project budget

|  |  |  |
| --- | --- | --- |
| **Type of cost** | **Description** | **Total Cost + VAT** |
| Venue Hire / Room Hire |  |  |
| Equipment Hire |  |  |
| Food / Refreshments |  |  |
| Training Costs |  |  |
| Marketing or Publicity Costs |  |  |
| Volunteer Expenses |  |  |
| **Other costs**(please specify) |  |  |
| **Total** |  |  |
| **Total grant requested** | (Maximum £500 grant) |  |

3.5 Equipment Grant

|  |  |  |
| --- | --- | --- |
| **Item of Equipment** | **Number of Items** | **Total Cost + VAT** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total grant requested** | (Maximum £500 grant) |  |

3.6. If the total cost of your project is higher than the amount being requested, please tell us how the remainder will be funded and whether this funding is already in place?

**Section Four:- Authorised Signature and Supporting Documentation**

**Authorised Signature**

I am authorised to act on behalf of the group / organisation in submitting this application. I confirm that we will deliver the project with due regard to the COVID 19 guidance as described in Appendix A.

I have read the guidance and confirm that our organisation wants to become a member of the Blackburn with Darwen VCFSE Equity Task Force and will endeavour to support the ambitions of the Blackburn with Darwen VCFSE Equity Task Force.

I have read and accepted the conditions of CVS membership on behalf of the group / organisation and confirm our written consent to becoming a CVS member. If you do not wish to become a CVS member please tick the relevant box below.

I have enclosed the necessary documentation to support our application.

I understand and consent to our organisational contact details being held by Community CVS in electronic and paper format and be used to contact our group / organisation in the future about funding opportunities and matters of interest to voluntary, community and faith groups within Blackburn with Darwen.

I understand that information provided within this application may be used to publicise the work of your group / organisation. If you do not wish for CVS to promote your group / organisation – please tick the relevant box below.

|  |  |  |
| --- | --- | --- |
| Position in organisation | Name (printed) | Signature |
|  |  |  |

**CVS Membership & Publicity**

We will automatically make your group a member of CVS (if you qualify and are not already a member) and promote the work of your group / organisation. If you do not want either of these please tick the relevant box below:-

*Our organisation does* ***not*** *want to be a member of CVS*

*Our organisation does* ***not*** *want CVS to promote our work*

**Supporting Documentation Checklist**

The following supporting information/documents are required and **must** accompany your application otherwise it will **not** be processed or considered for funding.

|  |  |
| --- | --- |
| Checklist of Required Supporting Documentation | Please Tick () |
| A copy of your group’s constitution, governing document or set of rules. |  |
| A list of names, addresses and relevant e-mail contacts (if applicable) of who is on your management committee |  |
| A copy of your group’s most recent accounts/financial statements  |  |
| A copy of the group’s bank statement (must be less than 3 months old)  |  |
| A copy of your Safeguarding Policy for Children & Vulnerable Adults (if your group/organisation works with children or vulnerable adults) |  |
| A statement describing how you will deliver your project in line with the relevant COVID 19 guidelines (See Appendix). |  |

**Closing date for submitting application forms:**

Round 5 Deadline 12.00 noon Monday 09th May 2022.

Round 6 Deadline 12.00 noon Monday 15th September 2022.

**Late applications will not be accepted.**

**Please return your completed grant form to:**

**Email:** **office@communitycvs.org.uk**

**Post: Community CVS, Boulevard Centre, 45 Railway Road, Blackburn, BB1 1EZ**

**By Hand:** If you are delivering your application by hand at the office – please ensure that you sign the book available at reception as proof that we have received your application.

**Data Protection Act 2018.** All information you have provided will be held in manual and electronic formats and only be used in line with the Data Protection Act 2018 and the **General Data Protection Regulations**. The information will be used to contact you with regards to your grant, other funding opportunities and matters of interest to voluntary, community and faith groups within Blackburn with Darwen.  We will keep the information ‘live’ on our information systems for as long as you are engaged with us and will keep archived information for the length of time required by funders for audit purposes only.  You have the right to withdraw consent at any time by contacting Clair Bloomfield (details below).

Blackburn with Darwen Council for Voluntary Service is the data controller and is registered on the Data Protection Register (Z1938345). We will not share or divulge your details to any other third parties without your expressed consent.  You have a right to access your information by writing to Clair Bloomfield, Community CVS, Boulevard Centre, 45 Railway Road, Blackburn. BB1 1EZ email clair.bloomfield@communitycvs.org.uk Tel: 01254 583957.

**Appendix A: COVID 19 STATEMENT (You must complete and return this form otherwise your application will not be considered).**

|  |  |
| --- | --- |
| I confirm that on behalf of my organisation, I have read, understood and will ensure our project will adhere to the relevant Government and sector specific guidance on how to operate safely in a COVID 19 compliant manner. | (Please insert or x as confirmation) |
| Please describe the measures you will take to ensure that your project will operate safely in a COVID 19 compliant manner in line with the relevant guidance / regulation / legislation. |
|  |

**Useful Links:**

Government Road Map Out of Lockdown

<https://www.gov.uk/government/publications/covid-19-response-spring-2021>

Government General Guidance on COVID 19 can be found at:

<https://www.gov.uk/coronavirus>

Government Guidance for the Charity Sector

<https://www.gov.uk/guidance/coronavirus-covid-19-guidance-for-the-charity-sector>

Government Guidance for the Safe Use of Multi-Purpose Community Facilities:

<https://www.gov.uk/government/publications/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities/covid-19-guidance-for-the-safe-use-of-multi-purpose-community-facilities>

NCVO Practical Guidance on COVID 19

<https://www.ncvo.org.uk/practical-support/information/coronavirus>

NYA Guidance for youth Work:

<https://nya.org.uk/guidance/>

Sport England Guidance for grassroots sports wanting to return to play.

<https://www.sportengland.org/how-we-can-help/coronavirus/return-play>