**Active Richmond Fund - Micro Grants Application Form**

Before applying please ensure you have completed the **checklist** below and have all the relevant documents and information ready. When completing this application form you should refer to the accompanying **guidance notes**. Please apply for a grant of **up to £1,000**

**Checklist:**

A copy of my organisations audited accounts (no more than 12 months old)/ income and expenditure sheet for the past 12 months (if I do not have audited accounts)

A safeguarding policy/ statement outlining how children, young people and vulnerable adults will be kept safe

A copy of the organisation’s constitution or governing document

Permissions have been acquired from third parties in advance (where appropriate) *e.g. landowner written consent, venue permission, planning permission etc.*

The project budget has been researched and quotes obtained where appropriate

The project plans are in line with Public Health England’s Covid-19 guidelines

The project has been risk assessed and relevant insurance obtained, where appropriate

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the project** | |  | | | | | | |
| **Amount of funding requested** | | £ | | | | | | |
| **Select the fund priorities that your project addresses:** | | Enhancing the Social Prescribing/Culture Offer by increasing capacity for Social Prescribed places for local people (for example, physical activities including sports, leisure, parks and arts)  Combating unhealthy lifestyles through physical activities and/or healthy eating  Enabling and promoting healthy eating choices and good nutrition  Promoting a healthy weight through sports, fitness and/or healthy eating  Enhancing the quality of life for people who are considered inactive, 'hard to reach' or in Care by providing social and cultural activities  Reducing isolation and loneliness  Expanding the use of green space for exercise and health reasons  Increasing the number of people who walk and cycle as a means of travel and leisure (for example, at least three days a week)  Preventing long-term sickness through health and wellbeing initiatives  Providing activities that delay and reduce the need for care and support in later life  Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm | | | | | | |
| **ABOUT YOU/YOUR ORGANISATION** | | | | | | | | |
| **1** | **Are you applying as an individual or on behalf of a group / organisation?** | Individual  Group / Organisation | | | | | | |
| **2** | **If an individual applicant please state here your group / organisational partner who will be holding the funds on your behalf** |  | | | | | | |
| **3** | **Name of group / organisation(s) applying** |  | | | | | | |
| **4** | **What is the Legal Status of the group / organisation?** |  | Registered Charity | | | Registered Charity No. | | |
|  | Company limited by guarantee | | | Company No. | | |
|  | Voluntary Organisation | | | Other (please specify) | | |
| **5** | **Does the group / (partner) organisation have a bank account with two separate signatories?** | Yes  No  *If not, what is your banking set-up* | | | | | | |
| **6** | **Applicant name** |  | | | | | | |
| **7** | **Contact address** |  | | | | | | |
| **8** | **Contact telephone number** |  | | | | | | |
| **9** | **Contact email address** |  | | | | | | |
| **ABOUT YOUR PROJECT** | | | | | | | | |
| **10** | **Describe your project, what you will do and how it will meet the priority/ies identified?** | *300 words max**(any words over the limit will be deducted)* | | | | | | |
| **11** | **What difference and outcomes will your project achieve? Who will benefit? How is it inclusive?** | *200 words max**(any words over the limit will be deducted)* | | | | | | |
| **12** | **How do you know the project is important and why is it needed?** | *150 words max**(any words over the limit will be deducted)* | | | | | | |
| **13** | **Select the Public Health Framework outcomes that link to your project?** | Enhancing Social connectedness and reducing social isolation | | | Mobilising physically inactive adults | | | |
| Utilising green space for exercise/health reasons | | | Encouraging adults to regularly walk and cycle | | | |
| Combating obesity/excess weight | | | Enhancing the quality of life for people with care and support needs | | | |
| Improving diet and nutrition through healthy eating | | | Ensuring people have a positive experience of care and support | | | |
| Delaying and reducing the need for care and support | | | Safeguarding vulnerable adults | | | |
|
| **4** | **What percentage of your participants are currently referred by Social Prescribers (e.g. RUILS) or other referral pathways?** | ….%  *Or how many Social Prescribing places could you potentially offer?...........* | | | | | | |
| **15** | **What is the estimated start and finish date for the project?** | Start: *month/year*  Finish: | | | | | | |
| **ADDRESSING ISSUES AROUND COVID-19** | | | | | | | | |
| **16** | **How will you ensure the safe delivery of your project within Public Health England guidelines on COVID-19?** | *100 words max* | | | | | | |
| **MANAGING THE PROJECT** | | | | | | | | |
| **17** | **Does your project require permission from a third party and if so, has this been obtained?** | *100 words max* | | | | | | |
| **FINANCES** | | | | | | | | |
| **18** | **How much is your project going to cost and how much do you need from the Active Richmond Fund?**  Please apply for up to £1,000 and provide a breakdown of costs in the budget table below, including the cost of delivering the project. | | | | | | | |
| **Expenditure Item**  *e.g. Yoga mats X at £10*  *Planters X at £180*  *Delivery staff £15/hr x 5 hours*  *Hall/room hire £100* | | **Cost of Item** | | **Match funding including other grants & fundraising (cash)** | | | **Match funding (in-kind)**  See guidance notes for help on calculating this | **Amount requested from the Active Richmond Fund** |
|  | |  | |  | | |  |  |
|  | |  | |  | | |  |  |
|  | |  | |  | | |  |  |
|  | |  | |  | | |  |  |
|  | |  | |  | | |  |  |
| **Total** | | **£0.00** | | £0.00 | | | £0.00 | **£0.00** |
| **19** | **Will your project generate any income? If so, how much?** | *100 words max* | | | | | | |
| **20** | **Will the service users be charged a fee for taking part in activities? If so, how much?** | *100 words max* | | | | | | |
| **21** | **Any other comments you would like to make to support your application?** |  | | | | | | |
| **DECLARATION** | | | | | | | | |
| **Agreement:** I confirm that the information given is true and correct and I understand that it will be a condition of any grant awarded to me that the grant will only be used for the purpose for which it is awarded, and I undertake to use the award only for that purpose, and to repay to the Council any grant money that I may use for any other purpose on demand. I enclose the following documents:  A copy of my organisations audited accounts (no more than 12 months old)/ income and expenditure sheet for the past 12 months (if I do not have audited accounts). [tick box]  A safeguarding policy/ statement outlining how children, young people and vulnerable adults will be kept safe, where appropriate [tick box]  A copy of the organisation’s constitution or governing document  Signature ……………………………………………………………………… Date ………………………………………………  You may be contacted by Officers once your application has been received if additional information is required to complete the assessment of your application. | | | | | | | | |
| **Monitoring and Evaluation**  If your application is successful you will be required to complete a monitoring and evaluation form either at the end of your project, during or both. A copy of the monitoring form is available on request. | | | | | | | | |
| **Data Privacy Statement**  The contents of this application are protected under the Data Protection Act 2018. Please tick the appropriate statements to give consent:    I consent that the content of this grant application can be shared within the Council including its designated officers, with other grant funding partners of the Council, the Active Richmond Fund Steering Group and at Council Committee meetings (the latter of which are made available to the public online).    Should your application be successful, your details may be used by the Council for:   * Publicity purposes. * Processing grant agreements, grant monitoring and evaluation and payment administration.   I consent that contact details of my organisation may be stored and shared with other Council departments, associated organisations and individuals with a legitimate interest in learning about your work.    I consent that contact details of my organisation may be stored and shared with other Council departments, for use for promotions, marketing and consultations of future council initiatives.    *For more information about our privacy practices please visit the Council*[*website*](https://www.richmond.gov.uk/council/open_richmond/data_protection)*. By ticking above, you agree that we may process your information in accordance with these terms.*    **Keeping in touch**  Richmond Council’s Voluntary Sector Partnership Team would like to keep in touch with you and provide you with updates and marketing.  If you would like to be added to the mailing list, please tick here   *You can change your mind at any time by clicking the unsubscribe link in the footer of any email you receive from us, or by contacting us at*[*voluntarysector@richmond.gov.uk*](mailto:voluntarysector@richmond.gov.uk)*. We will treat your information with respect.* | | | | | | | | |

**Please return your completed form (in Word document format) to:**

[ActiveRichmondFund@richmond.gov.uk](mailto:ActiveRichmondFund@richmond.gov.uk)

Please mark the subject line as *Active Richmond Fund Micro Grants Application*

**Contact information:**

Telephone: 020 8487 5259

Email: [ActiveRichmondFund@richmond.gov.uk](mailto:ActiveRichmondFund@richmond.gov.uk)