

Manchester Aiming High Fund

Fast Track Small Grant

Application Form

Partnership between



MANCHESTER
CITY COUNCIL



**COMMUNITY
FOUNDATION**
FOR GREATER MANCHESTER



For maximum grants of £1,000

Manchester City Council is working in partnership with Community Foundation for Greater Manchester and 4CT Limited to deliver Aiming High for Disabled Children. Funding is available through both organisations.

Before completing this application, please make sure you have read the application guidelines and notes.

Please ensure that **ALL** boxes on this form are completed. To avoid any delays in processing your application we ask you to include all the additional information that is requested in the checklist at the end of this form.

Applications that are received incomplete or do not have the correct supporting documentation will be returned.

Please write clearly in black ink or type and remember to sign and date the form at the end.

If you have any queries about the application form or application process please contact one of the organisations below:

For Wythenshawe, South and Central West districts

The Community Foundation for Greater Manchester

5th Floor, Speakers House

39 Deansgate

Manchester, M3 2BA

Telephone: 0161 214 0940

Email: enquiries@communityfoundation.co.uk

For North East, North West and Central East districts:

4CT Limited

The Grange Community Resource Centre

Pilgrim Drive, Beswick

Manchester, M11 3TQ

Tel: 0161 230 1420

Email: info@4ct.org.uk

Charity Registration Number: 1017504

Charity Registration Number: 1120417

About Your Organisation

Name of Organisation

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Organisation address (for correspondence)

	Postcode	

Contact Details

Title		Name	
Role in the Organisation			
Daytime Tel Number		Fax Number	
Evening Tel Number		Email address	
Mobile Number		Web Address	

To give us an overview of your organisation, please describe the main overall aims and objectives of your organisation and the activities or services your organisation provides.

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When was your organisation/group established?

Month		Year	
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Does your organisation have a constitution or set of rules (Please attach a copy) YES / NO

Does your governing document/constitution contain a statement outlining what would happen to the assets of the organisation if it was to wind up? (This is usually written as a dissolution clause). YES / NO

Does your organisation have Public and Employees Liability Insurance (Please attach copies) YES / NO

Does your organisation have a Health and Safety Policy and Risk Assessments for any activities (Please attach copies) YES / NO

Does your organisation have a safeguarding or child protection policy (Please attach copies) YES / NO

Does your organisation have policies to CRB (police check) staff and volunteers (Please attach copies) YES / NO

Please provide names, CRB reference numbers and dates of CRB checks of all relevant project staff and volunteers:

Name	CRB Reference No.	Date of CRB

Which Borough(s), ward or neighbourhood does your organisation/group work in?

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What type of organisation are you?

An Existing Voluntary or Community Group	<input type="checkbox"/>	
A Registered Charity	<input type="checkbox"/>	Registration No: <input style="width: 150px;" type="text"/>
A Company Limited by Guarantee	<input type="checkbox"/>	Registration No: <input style="width: 150px;" type="text"/>
Other (Please specify)	<input type="checkbox"/>	

About Your Project/Activity

Please give us the name and a brief description of your project/activity:

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How will you ensure that your staff or volunteers will have the right skills, attitudes and training to work with children with disabilities?

How long will it take to complete your project/activity?

Start Date		End Date	
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How many people will benefit from the project (not including staff and volunteers)

Please state clearly how many children or young people with disabilities (as outlined in the guidance notes) will benefit and how they will benefit:

Please tell us below the ethnic origins of users who will benefit from your project. Please tick all the boxes that apply

Bangladeshi	<input type="checkbox"/>	African	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Other Asian	<input type="checkbox"/>	British	<input type="checkbox"/>
Asian and White	<input type="checkbox"/>	European	<input type="checkbox"/>
Black African and White	<input type="checkbox"/>	Other White	<input type="checkbox"/>
Black Caribbean and White	<input type="checkbox"/>	Gypsies and Travellers	<input type="checkbox"/>
Other Dual Ethnicity	<input type="checkbox"/>	Other	<input type="checkbox"/>

Finances & Project Budget

How much funding are you requesting from us?

Is this money for new work, or to continue funding existing work?

For new work For existing work

How will this grant help you to continue this activity/service after March 2011?

Breakdown of Costs/Budget

Type of Cost	£ Amount (IncVAT)
Total	

Your Organisation's Finances

For groups that have existed for more than 12 months please enclose a copy of your latest annual accounts or financial statement. Groups less than 12 months old will need to send us your last 3 consecutive bank statements.

Please provide information from your previous 3 annual accounts (if available):	Year		
Total Income in the last financial year	£	£	£
Total Expenditure in last financial year	£	£	£
Net Balance	£	£	£
Current restricted savings	£	£	£
Current unrestricted reserves or savings (i.e. not committed to a specific project)	£	£	£

Bank Details

Does your organisation have a bank account?

Yes No

Account Name			
Bank/Building Society Name			
Bank/Building Society address			
		Postcode	

You do not have to have a bank account to make an application. You can ask another group to accept the grant cheque on your behalf but you will need to ask them to complete the bank details section on the previous page and additional statement below.

Statement from group that has agreed to accept the grant for the applicant

I confirm that my group has agreed to accept the grant for the applicant's activity. I am authorised to give this permission. I agree to ensure that all the grant funds will be passed on to the applicant to be spent solely for the purpose for which it was given, and that I will account for the grant separately in my group's annual accounts and send a signed copy of these accounts once they are ready to the Grant Provider (Community Foundation or 4CT as applicable).

Signature		Position	
Full Name		Date	

Declaration

We confirm that we are authorised to make this application and sign this declaration on behalf of the organisation named above. We certify that the information contained in this application is correct. We will use the grant for the purpose specified on the award letter and agree to participate in monitoring, auditing and evaluation related to The Manchester Aiming High Fund. We will keep the receipts for any payments made with this grant and will send copies of the receipts, along with an End of Grant Report to the Grant Provider (Community Foundation or 4CT as applicable) at the end of the project.

Signature		Position	
Full Name		Date	

Referee Details

Please ask your referee to read your application and to complete the section below.

A referee can be someone who works for a voluntary group or who has knowledge of the voluntary and community sector. They need to know you and be aware of the project/activity outlined in the application. They must also be independent from you, i.e. not a relative or close family friend and they must not benefit from you receiving this grant.

Name of Referee		Profession	
Contact Address			
		Post Code	
Daytime Tel Number		Mobile Tel Number	
Email address			

How long have you known the group?	Months		Years	
I confirm that I have read this application	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Please describe the nature of your relationship with the group?

Please tell us in your own words why you wish to support this application

I confirm that I have read this application **Yes** **No**

Signature		Date	
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Management Committee Details (If applicable)

Please list the contact details for all your committee members, tick the check box if they are cheque signatories.

Chairperson Name	Cheque Signatory	Chairperson Address
	<input type="checkbox"/>	
Treasurer Name		Treasurer Address
	<input type="checkbox"/>	
Secretary Name		Secretary Address
	<input type="checkbox"/>	
Committee Member Name		Committee Member Address
	<input type="checkbox"/>	
Committee Member Name		Committee Member Address
	<input type="checkbox"/>	
Committee Member Name		Committee Member Address
	<input type="checkbox"/>	
Committee Member Name		Committee Member Address
	<input type="checkbox"/>	
Committee Member Name		Committee Member Address
	<input type="checkbox"/>	
Relationships of the members		Details
Are any of these people related outside of the group? E.g.) Married, siblings, co-habiting, parent, business partner. Please disclose details in box to right		

Monitoring Information

To help us monitor our grant-making programmes effectively, please complete the following information, which will only be used for monitoring purposes. This information will be recorded on a database and used to gather general information for reporting purposes. (Please Note: No individual details will be made public without prior consent. Any information you provide will not affect the outcome or your application)

How did you hear about this Funding?

CFGM Website	<input type="checkbox"/>	4CT Limited	<input type="checkbox"/>
Manchester City Council	<input type="checkbox"/>	Leaflet / Poster	<input type="checkbox"/>
Recommendation	<input type="checkbox"/>	Who?	
Word of Mouth	<input type="checkbox"/>		
Radio / Television / Newspaper	<input type="checkbox"/>		
Other (please specify)	<input type="checkbox"/>		

Checklist

This checklist will help you to check that you are sending us a fully completed application. Please note, applications that we receive incomplete will be returned.

Please tick the boxes below to confirm that you have provided or enclosed the following information:

Written quotations to support your application (for items over £200)	<input type="checkbox"/>
Bank account details (or the details of another group/organisation that can take the money for the applicant)	<input type="checkbox"/>
Three consecutive bank statements or record of income and expenditure	<input type="checkbox"/>
A completed reference	<input type="checkbox"/>
Make sure you sign the form and keep a copy for your records	<input type="checkbox"/>