

# Manchester Aiming High Fund

## Application Form for Small Grants

*Partnership between*



MANCHESTER  
CITY COUNCIL



**COMMUNITY  
FOUNDATION**  
FOR GREATER MANCHESTER

**4CT**  
Limited

### For maximum grants of £5,000

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**

**5<sup>th</sup> Floor, Speakers House**

**39 Deansgate**

**Manchester, M3 2BA**

**Telephone: 0161 214 0940**

**Email: [enquiries@communityfoundation.co.uk](mailto: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](mailto:info@4ct.org.uk)**

**Charity Registration Number: 1017504**

**Charity Registration Number: 1120417**

OFFICE USE ONLY			
<u>Date Received</u>	<u>ID No.</u>	<u>App No.</u>	<u>Scheme</u>
Name of Applicant			

# About Your Organisation

## 1 Name of Organisation/Group

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### Address

	Postcode

Web Address	
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## 2 Contact Details.

Please indicate below your preferred method of contact (please tick)

Telephone       Email       By Letter

Preferred time of day

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Main Contact Person (these are the details that will be used for correspondence purposes)		Second Contact Person (If constituted this will be the group's Chairperson or Treasurer)	
Title		Title	
Name		Name	
Role		Role	
Daytime Tel Number		Daytime Tel Number	
Evening Tel Number		Evening Tel Number	
Fax Number		Fax Number	
Mobile Number		Mobile Number	
Email address		Email address	
Address Details (if different to main organisation address)		Address Details (if different to main organisation address)	
Post Code		Post Code	

**3 Please describe the main activities of your organisation? (for example, what are the organisation's main aims, what do you do, who do you work with and the days and times you are open)**

**4 When was your organisation established?**

<b>Month</b>		<b>Year</b>	
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**5 Which neighbourhood/ward does your group benefit?**

**What type of organisation are you?**

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

**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

**If yes, you will need to send a signed copy with your application. If NO, please contact one of the organisations delivering the funding before completing this application.**

**6 Safeguarding Policy**

Please confirm that your organisation has the following in place:

Safeguarding Policy for Children /Vulnerable Adults	<input type="checkbox"/>
Enhanced Criminal Record Bureau (CRB) check for all staff and volunteers	<input type="checkbox"/>

**Please include a copy of your Safeguarding Policy with this application.**

**7 Please confirm you have the following insurance in place?**

Employers Liability (applicable only if you employ staff)	<input type="checkbox"/>
Public Liability	<input type="checkbox"/>

**8 How many people are involved in your organisation?**

How Many?

Management Committee *	
Volunteers (excluding your Management Committee)	
Full Time Paid Staff	
Part Time Paid Staff	

\* Please provide a list of your Management Committee's names and addresses on page 11

**8b How many volunteers will take part in your activity?**

Of these how many are under 25 yrs:	<input type="text"/>
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Of these how many volunteers volunteer for an average of :	No. of Volunteers
Less than 2 hours a week	
2 to 4 hours a week	
More than 4 hours a week	

**9 How many people access your services?**

## About Your Grant

What type of grant are you applying for:

Capital  Revenue

Is this money for new activity, or to continue funding an existing activity?  
(Please tick the relevant box)

New  Existing

Please provide a start and end date for your grant (Please note all monies must be spent by March 2011)

Start Date		End Date	
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**10** Please describe your project/activity. Please indicate what you are applying for and give as much detail as possible about how you feel it will improve short break provision for children and young people with disabilities and their families.

**11 If this proposal is to fund existing opportunities, please tell us how this funding will enable you to expand on what you currently do/ deliver? (e.g. more hours, new activities, space for additional children)**

**12 Explain how you know that the children and young people need this project and how will they benefit?**

**13 How does your organisation ensure the safety of the children and young people you work with and do your staff/volunteers have the right skills and attitudes to work with these children?**

**14 How will this grant help your organisation to continue this service or activity after March 2011? (e.g. confidence and experience)**

**15 How many people will benefit from the grant?**

**How many of these are disabled children and young people?**

**16 Main beneficiaries' ethnic origin, please tick below the main ethnic group of the people who will benefit from this grant.**

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

If you wish to describe your main beneficiaries' ethnic origin in another way, please do so below

## Finances & Project Budget

17 How much money are you requesting from us?

£

Have you raised anything so far?

Yes

No

If yes, please tell us how much you have raised and how you raised it?

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### 18 Breakdown of Costs

If you are applying for both a capital and revenue grant, please complete both sections. Please note the maximum amount you can apply for under each heading is £5,000.

Please list the items you need to purchase. You will have to provide quotations for any item totalling £200 and above.

CAPITAL	
Budget Heading	Cost (£) including VAT
<b>Total Budget Requested (Capital)</b>	<b>£</b>
REVENUE	
Budget Heading	Cost (£) including VAT
<b>Total Budget Requested (Revenue)</b>	<b>£</b>

## Your Organisation's Finances

**19 Please complete the table to show your income to date. You will also need to provide your last 3 consecutive bank statements or, if you do not have a Bank Account, a copy of your income and expenditure for the last 3 months.**

Total Income to date	£
Total Expenditure to date	£
Net Balance	£

**20 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 organisation to accept the grant cheque on your behalf but you will need to ask them to complete the section above and additional statement below.**

**Only in exceptional cases can we arrange for direct payments to suppliers.**

### Statement from organisation that has agreed to accept the grant for the applicant

I confirm that my organisation 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 Community Foundation or 4CT Limited.

<b>Signature</b>		<b>Position</b>	
<b>Full Name</b>		<b>Date</b>	

## Referee Details

**21 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 and support this application	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<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

<b>Signature</b>		<b>Date</b>	
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## Management Committee Details

Please list the contact details for all your committee members, tick the check box if they are cheque signatories. (Organisations should have a minimum of 2 people authorised to sign cheques).

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. <b>Please disclose details in box to right</b>		

## 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"/>

## Declaration

**It is essential you understand and agree to sign up to the following statements. Failure to do so may have an impact on future funding.**

1. We confirm that the information contained in this application is correct and that we are authorised by the group to accept these conditions on their behalf.
2. If the information in the application changes in any way, I will inform the Community Foundation or 4CT Limited.
3. If successful we will not use the grant for any other purpose other than that specified on the grant award letter without first contacting the Community Foundation or 4CT Limited to seek authorisation.
4. We accept that we may be asked to return this grant should the Community Foundation or 4CT Limited deem the evidence for spend provided by us in our End of Grant report unsatisfactory. This will also apply if they discover that money has been spent on items not specified in the original application form and grant offer.
5. If the main contact leaves the group or can no longer fulfil their responsibilities, or someone takes over responsibility for the grant on behalf of the group, we will inform the Community Foundation or 4CT Limited immediately.
6. We will provide all relevant monitoring and evaluation information and return all original receipts evidencing grant expenditure by the dates specified in the grant award letter. We will photocopy the receipts for our records. Originals will be kept on file by the funder.
7. We will highlight the support of the Community Foundation or 4CT Limited and the Aiming High Fund in all publicity material and send copies at the end of the project.
8. We agree for the Community Foundation, 4CT Limited, and Manchester City Council to use the group's name and photographs for promotional purposes if our request for funding is successful.

**Main Contact Person**  
(Person completing this application)

**Second Contact Person**

<b>Signature</b>		<b>Signature</b>	
<b>Full Name</b>		<b>Full Name</b>	
<b>Position</b>		<b>Position</b>	
<b>Date</b>		<b>Date</b>	

**Thank you for completing this application**

**Please return your completed application form to the appropriate funder for the area you are working in. Contact details can be found on the front of this application form.**