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**FLINTSHIRE LEARNING DISABILITY GRANT**

**Application Form**

This document is also available in Welsh

**We recommend that you read the Guidelines for Applicants before you complete this application.**

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| For Office use only | Date Received | |  | | | Ref No: |  |
| **Section 1: About Your Organisation** | | | | | | | |
| **Name of organisation:** | |  | | | | | |
| **Address of your organisation:** | |  | | | | | |
| **Main Contact Name:** | |  | | | | | |
| **Position within organisation:** | |  | | | | | |
| **Main Contact Telephone No:** | |  | | | | | |
| **Main Contact E-mail Address** | |  | | | | | |
| **Organisation type:** e.g., Constituted Voluntary/ Community Group, Charity, Sports Club, CIC or other social enterprise. | | | | |  | | |
| **Registered Charity No:** | | | | **Registered Company No:** | | | |
| **How many Paid Staff do you have?** | | | |  | | | |
| **What are your group/ organisation’s aims?** | | | | | | | |
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| **What are the main activities that your group /organisation provides?** | | | | | | | |
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| **Section 2 - Organisation Eligibility Check** | |
| **PLEASE ENSURE THAT YOU MEET ALL OF THE ELIGIBILITY CRITERIA IN THE GUIDANCE PRIOR TO SUBMITTING A PROPOSAL!** | |
| **Please confirm that your organisation/ group:** | |
| **Is a third/voluntary sector (not for profit) organisation and is independent of government, private and public sectors, either:**   * **Registered charity / CIO** * **Constituted group** * **Community Interest Company** * **Company limited by guarantee** | Yes / No |
| **The grant will be used to run community-based activities for people with learning disabilities in Flintshire** | Y / N |
| **Your group / organisation has at least 2 authorised signatories** | Y / N |
| **Your group / organisation has its own bank account**  **(or an account in the name of the “Trustees of (name of organisation)”** | Y / N |

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| **Section 3: About Your Project** | | | |
| **Projects must deliver on one, or more of these aims:**  Please tick which of the aims your project will deliver towards. | | | |
| * **Community based learning or leisure activities for people with learning disabilities** | | |  |
| * **Activities which promote wellbeing and independence** | | |  |
| * **Provide support for people with learning disabilities in ‘non-traditional’, low or no physical contact ways** | | |  |
| **PLEASE ENSURE THAT YOU MEET ALL OF THE ELIGIBIILTY CRITERIA IN THE GUIDANCE PRIOR TO SUBMITTING A PROPOSAL** | | | |
| **Project Name** |  | | |
| **Please provide a short description of the purpose of the grant you have requested**  What are you going to do? Why it is needed? What are the community benefits /outcomes? | | | |
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| **Who is your key audience, and how will you reach them?** | | | |
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| **PLEASE NOTE THIS GRANT IS OPEN TO FLINTSHIRE PROJECTS ONLY** | | | |
| **Please state what geographical areas in Flintshire your project will work in.** | |  | |
| **How many people with learning disabilities do you expect to benefit?** | |  | |
| **How many volunteering opportunities will there be with this project?** | |  | |
| **Are you working in partnership / co-ordinating activities with any other organisations?** Are there any other groups / projects in your area providing similar activities to what you are proposing? | | | |
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| **What are the planned project start /finish dates?**  *Please note this funding must be spent by March 31st 2021* | | | |
| **From: to:** | | | |

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| **Section 4 Project Costs** | | |
| **Expenditure** | **Cost**  **£** | **Total**  **£** |
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| **Total Project Costs** | **£** | **£** |
| **Other Grants / Funds applied for or received** |  |  |
| **[Fund name] Grant requested** | **£** | **£** |

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| **Is your Organisation registered for V.A.T.?** | Yes  No  *If yes; you will be expected to reclaim V.A.T. on your project and any grant paid will exclude the V.A.T. element* | |
| **In order to get funds sent out ASAP, please confirm bank details below:** | | |
| Bank account branch:  Bank account name:  Sort code:  Account number: | | |
| I/we confirm that our internal financial procedures require a minimum of two signatories (must not be related) per financial transaction. | | Yes / No |

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| **Section 5: Project Check List** | |
| **Please ensure** the following documents have been included as part of your application   * **Copy of organisation’s constitution** * **Copy of recent Bank Statement** * **Copy of latest Annual Accounts** * **Evidence of community support for project if available (e.g. letters of support, reference from partner agency, etc.)** |  |

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| **Declaration** | | |
| We, the above-named Organisation / Group hereby confirm that we have read the application guidelines and our application is an eligible project. | | **** |
| We the above-named organisation/ group understand that by accepting a grant from FLVC we agree to only use it for the purposes stated on this form. | | **** |
| **To be completed by a representative of the organisation/group:**  **I confirm that all the information on this form is true and correct.** | | |
| **Representative’s Name (Printed):** | **Position:** | |
| **Phone number:** | **Email:** | |
| **Signature:** | **Date:** | |
| Please return the completed application to:  **Heather Hicks, FLVC Funding Officer**  [Heather.hicks@flvc.org.uk](mailto:Heather.hicks@flvc.org.uk)  Deadline for applications is 5pm on Wednesday **9th December 2020**.  Please remember to keep a copy for your file! | | |

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| **Privacy Statement** |
| Flintshire Local Voluntary Council (FLVC) collects the details, including any personal data (this means any information that identifies you or could identify you) for administration purposes of the grant scheme, and for the monitoring and promotion of the grants. Part or all of the information you provide us with will be held on computer. This information will be used for the administration of applications and grants and for producing statistics.    FLVC will report statistical and organisation based evidence regarding the Grant to Flintshire County Council, Welsh Government and the North Wales Social Care and Wellbeing Service Improvement Collaborative and will be entered on a database utilised by FLVC and its Third Sector Support Wales partners (further information on this is available from <https://thirdsectorsupport.wales/>). Otherwise than specified in this statement we will not disclose your personal information to any third parties. We do not sell or transfer your personal information for advertising or other commercial reasons  The information will be processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures. Your personal data will be disposed of in a secure and timely manner in accordance with our retention policy and applicable legal rules.   Please contact us (by phoning 01352 744000 or emailing [info@flvc.org.uk](mailto:info@flvc.org.uk) ) if you have any questions about our privacy statement or information we hold about you. If you feel that your personal data has been mishandled at any time you can make a complaint to the information commissioner’s office by visiting their website or calling their helpline on 0303 123 1113. |