A group of people in speech bubbles

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**Welcome Spaces Application Form**

**Grants up to £2000**

This form is for groups and organisations who have a constitution and an organisational bank account.

The Welcome Spaces Grant aims to enhance and develop an organisation’s space further to its current use so that residents can access support, connect with others and enjoy a safe and warm place throughout winter without judgement.

Please find further information about the Welcome Spaces Grant, including a list of activities we are interested in supporting: [https://sia.dclt.co.uk/funding/welcome-spaces-funding](https://sia.dclt.co.uk/404/?furl=funding/welcome-spaces-funding)

Guidance notes for completion of this form *appear in italic writing.* We need as much detail as possible when you complete the form. All questions marked \* must be completed. Any applications that are not fully completed will not be considered.

**\*Section 1. Organisation Details.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **\*Name of constituted group or organisation** | | | | | | | |
|  | | | | | | | |
| Reference: (for DCLT use only) | | | | | | | |
| **\*Application Checklist**  *Please tick the applicable boxes* | | | | | | | |
| **Yes** | **No** | **Questions** | | | | | |
|  |  | Do you have a bank or building society account with at least 2 signatories? If yes, please complete section 3b | | | | | |
|  |  | Do you have a simple governance structure? If yes, please send a copy with your application. | | | | | |
|  |  | Have you applied for or received any other funding for this project? If so, please specify which grant. | | | | | |
| ☐ | ☐ | Please check the document list at the end of the application. **Have you attached all the necessary documents?** | | | | | |
| ☐ | ☐ | Do you have appropriate and valid insurances to carry out the project activities? (minimum £5m coverage) | | | | | |
| **\*Contact Details** | | | | | | | |
| **Name & Position:** | | | |  | | | |
| **Telephone Number(s):** | | | |  | | | |
| **Email:** | | | |  | | | |
| **Address & Post Code:** | | | |  | | | |
| **\*Bank Details** | | | | | | | |
| **Name of Bank (e.g. NatWest)** | | | | | |  | |
| **Group/Organisation name as it appears on bank account:** | | | | | |  | |
| **Sort Code:** | | |  | | **Account number:** | |  |
| **Yes** | **No** | **\*In the previous 3 years, has your organisation had any of the following:** | | | | | |
| ☐ | ☐ | Investigation or prosecution into any financial irregularities. | | | | | |
| ☐ | ☐ | Investigation or prosecution into fraud or dishonesty. | | | | | |
| ☐ | ☐ | Missed delivery of services. | | | | | |
| ☐ | ☐ | Fraudulent activities of any kind. | | | | | |
| If the answer is ‘Yes’ to any of the above, please provide further details: | | | | | | | |
| **\*Organisational Information** | | | | | | | |
| **Type of organisation:** | | | | |  | | |
| **Organisation start date:** | | | | |  | | |
| **Organisational income for previous financial year:** | | | | |  | | |
| **Organisational expenditure for previous financial year:** | | | | |  | | |

**\*Section 2. Grant Application.**

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| --- |
| **\*What is your idea?**  *When answering please consider:*   * *What will the grant be used for?* * *Are you planning to work collaboratively with other groups/organisations in the community?*   *Please evidence the need for the project and highlight how it will encompass the Welcome Spaces Values (below) and enhance and develop the space further to its current use so that residents can access support, connect with others and enjoy a safe and warm place without judgement.*   * *Everyone receives a warm welcome.* * *Everyone is treated equally, with dignity and respect.* * *Everyone feels safe.* * *Everyone has a confidential listening ear if they want one.* |
|  |
| **\*Why is the grant needed?**  *When answering please consider:*   * *Who will benefit from the project?* * *Approximately how many people will benefit?* * *How will those benefitting be identified as needing support?* |
|  |
| **\*What difference will this make to people?**  *When answering please consider:*   * *What are the outcomes that you expect?* * *How will you evidence the impact/benefits?* |
|  |
| **\*Who are the proposed beneficiaries of the project and how many beneficiaries are anticipated?**  *When answering please consider:*   * *How will you engage the proposed beneficiaries and promote the project to ensure uptake?* |
|  |
| **\*Which Doncaster ward/s will benefit from your project?** |
|  |

|  |  |  |
| --- | --- | --- |
| **\*Please provide a breakdown of what the grant will pay for** | | |
| **Description:** | **£ per item/activity** | |
|  | **£** |  |
|  | **£** |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | £ |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
|  | **£** |  |
| **Total grant requested:** | **£** |  |
| **Total contribution from you, or any other funder:** | **£** |  |
| **Total cost of activity:** | **£** |  |

|  |  |
| --- | --- |
| **\*Safeguarding**  *If you are working with children or with adults who may be vulnerable, it is important that you think about how to keep them safe, and that you have policies and procedures in place.* | |
|  | You can confirm that your organisation has appropriate safeguarding policies and procedures in place, and that you will ensure these are followed. *Documents will need to be submitted as part of your application (see below for full list of documents required).* |

|  |
| --- |
| **\*Declaration** |
| **This document will be used for monitoring and auditing purposes in line with Doncaster Culture and Leisure Trust’s Rules.**  **I hereby declare on behalf of** Click or tap here to enter name of group/organisation **that:**   * I confirm that I am authorised to complete and submit this application on behalf of the organisation named above. * The information given on this form is correct to the best of my knowledge. * The organisation/group is a non-profit making body. * Any grant made by DCLT to the organisation in response to this application will be used for those activities of the organisation for which the grant is given and in accordance with the objectives of the organisation. * The organisation/group will keep proper accounts of its income and expenditure and will make these available for inspection by DCLT staff at any reasonable time. * I acknowledge that the bid application is subject to a financial assessment and the result of this assessment may impact on the level of monitoring or eligibility for the grant. * The individual/group will maintain regular communication with DCLT, and will allow DCLT to visit/view the activity upon request. * The organisation/group will complete a case study and complete a monitoring form provided by DCLT, within 6 months of receipt of funding. * Should the grant be awarded, the amount will be itemised in the organisation’s annual accounts. * I confirm that the organisation will promptly inform DCLT if it obtains funding for the activities to which this application relates from another source. * I understand that any grant awarded by the funders will be done so on the basis of information supplied at the time of this application. If any information is subsequently found to be misleading, inaccurate, or false then the grant must be paid back to the funders in full. * I understand that DCLT, as an organisation that gives out public funds, may carry out checks on the personal and financial information you provide us. If you provide false, fraudulent, or inaccurate information in your application or at any point in the lifetime of any funding agreement we enter into with you, we may share the information about you with other grant funding distribution bodies and relevant external bodies to prevent fraud and money laundering. If we identify or suspect fraudulent activity, we will report this to the police and take appropriate action.   **I also understand that:**   * Details of this application will be shared with third parties associated with the delivery of the Well Doncaster Programme. * Payment or refusal of a grant lies entirely within DCLT’s discretion. * All receipts /invoices must be submitted. * It is DCLT’s policy not to make further repeat grants to organisations/groups for any one project or activity during the same financial year as the original grant. The award of the grant by DCLT on this application will not necessarily commit to a further grant in the future.   **I confirm that the group/organisation named on the front of this application, has authorised me to sign on its behalf. I can confirm that the information given in this form is true.**  **Please note:** CDC is subject to the Freedom of Information Act 2000, and other legislation. Most of the information you supply to the DCLT on behalf of the Council may be made public. Personal details submitted as part of your application will be dealt with by Doncaster Culture and Leisure Trust in line with data protection legislation and our Privacy Policy, a copy of which is available on our website. The information you are providing is being collected for the purpose of determining your grant application and will be passed on to the Grant Panel members in order to review your application, and to correspond with you regarding your application and if successful in order to make and manage the grant. Your information may also be shared with other relevant partner agencies that prevent and detect fraud.  These application forms are retained for 7 years from date the programme has been finalised. If you have any queries, please contact Doncaster Culture and Leisure Trust’s Social Isolation and Loneliness Alliance on [datacontroller@dclt.co.uk](mailto:datacontroller@dclt.co.uk) I further understand that should the organisation named above be successful in its application, the Grant Agreement will need to be signed prior to any funds being paid.   |  |  | | --- | --- | | **Full Name:** |  | | **Position:** |  | | **Date:** |  |   **----------------------------------------------------------------------------------------------------------------------------------------------------------------------------**  **Please return the completed form together with a copy of your:**   * **A copy of your organisation's governing document.** * **A copy of your organisation's most recent audited annual financial accounts. If you do not have audited accounts, please complete the Income Statement and Balance Sheet pro forma.** * **A scanned copy of a bank statement no more than 3 months old, as evidence of your organisation's bank account name, sort code, account number, and current available balance.** * **A copy of your safeguarding policies and supporting documents:**   + **If you are working with children, a Level 3 Children's Safeguarding certificate will need to be submitted.**   + **If you are working with adults at risk, a Level 3 Adult's Safeguarding certificate is recommended.**   + **DBS - if you meet the DBS criteria, please submit a copy of your DBS details.** * **A copy of your public liability insurance.** * **If your project proposal includes energy-related costs, evidence will need to be submitted – this may include (but is not limited to) statements and bills, in your organisation’s name, from the energy supplier.** * **Any evidence to support your application.**  |  |  | | --- | --- | | **By email to:** | **sia@dclt.co.uk** | | **By post to:** | **Social Isolation Alliance, The Dome, Bawtry Road, Lakeside, DN4 7PD** | |

**Choose Kindness Movement**

A logo with a globe and people

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If not, pledges can be made at the following link: <https://www.yourlifedoncaster.co.uk/choose-kindness>

The Choose Kindness toolkit for promotional materials can be accessed here:

<https://www.yourlifedoncaster.co.uk/choose-kindness-toolkit>