**Innovation Fund Grant Application Form 2020/2021**

***Supporting projects and activities that step-up men’s wellbeing in Somerset***

The small grant awards are funded by Somerset County Council Public Health and administered by Stepladder (Second Step).

Grants can be applied for by local community groups, voluntary sector organisations or individuals to create opportunities to improve the mental health and wellbeing of men across Somerset.

Applications can be made for grants between £300 and £1000. All funding should be spent within 12 months of the award. The information you supply will be sent to an evaluation panel. If you would like to make any adjustments to how the award is used, you must notify Stepladder Somerset at [stepladdersomerset@second-step.co.uk](mailto:stepladdersomerset@second-step.co.uk) or by phoning the Community Development Worker on 078855 012317.

**On completion of the project funded by the award, an evaluation form should be requested and returned to**  **[stepladdersomerset@second-step.co.uk](mailto:stepladdersomerset@second-step.co.uk)**

**Compliant Bids**

Before awards are made, each bid needs to be reviewed to ensure they meet the minimum criteria for funding. This information is collected via Stepladder Somerset team.

*Please refer to the Grant Guidance notes before completing this application.*

**1. Name of organisation/ or, community group or project:**

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| --- |
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**2. Contact details:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Organisation (if applicable):** |  |
| **Address:** |  |
|
|
| **Postcode:** |  |
| **Phone number:** |  |
| **Email:** |  |
| **Website (if applicable):** |  |
| Please give contact details of a referee. The referee should know the work of the applicant/organisation. We ask that you give a work email address as well as a contact number |  |

**3.What is the legal structure of your organisation or community group?** *(please tick)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Unincorporated Association** |  | **Charitable Trust** |  |
| **Charitable Incorporated Organisation** |  | **Community Interest Company** |  |
| **Individual/Group** |  | **Company limited by guarantee** |  |
| **Other (please provide details):** | | | |

**Please state your charity registration/companies house number if applicable:**

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| --- |
|  |

**Please tell us about your proposal:**

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| --- |
| **£** |

**4. How much would you like to apply for?**

**a) Please give as much detail as possible of the costs you would like this grant to meet:**

*(this could include equipment, venue hire, crèche, staffing or volunteering costs or other running costs)*

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| --- | --- | --- |
| **Item** | **£** | **p** |
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**b) bank account details that grant will be paid in to:**

|  |  |  |
| --- | --- | --- |
| **Account Name** | **Account Number** | **Sort Code** |
|  |  |  |

**5. Please describe the activity or project including:** *(max. 500 words)*

**a) The project name:**

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**b) The activities you are planning:**

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**c) How many people are you anticipating will benefit from this project?**

**How many interactions or number of sessions are you expecting to hold?**

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**d) Which men in the community will benefit directly from the project:**

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**f) When will the project start and finish?**

|  |  |
| --- | --- |
| **Start:** | **Finish:** |

**g). Where will the project take place?** *(which community/locality will be supported)*

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**6. Are you working with partner organisations in planning or delivering the project, if so, which ones?** *(partnership working can help maximise the use of resources) (max. 200 words)*

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**7. How will you ensure your project is sustainable after the funding has been used?** *(e.g. using volunteers, charges, funding from other sources, negotiate rates etc. If you’re unsure about this we can support you) (max. 300 words)*

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**8. Permissions and insurance policies**

Will your project require any of the following insurance policies? Please indicate all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| Buildings and contents |  | Employers’ liability |  |
| Public liability |  | Professional indemnity |  |
| Other (please specify) |  | | |

**9. I have read and followed the Guidance Notes (please tick box)**

I undertake that any grant awarded will be used solely for the purpose outlined in this application. I understand that Stepladder Somerset reserves the right to withhold payment of the whole or part of the grant or to require repayment of the grant where conditions of the grant have not been complied with or where the information is subsequently discovered to be false. **NB.** A condition of receiving the grant is that you return a completed evaluation form to [stepladdersomerset@second-step.co.uk](mailto:stepladdersomerset@second-step.co.uk).

**Your name:**

|  |
| --- |
|  |

**Date:**

|  |
| --- |
|  |

**Please return your completed application form to:** [stepladdersomerset@second-step.co.uk](mailto:stepladdersomerset@second-step.co.uk)

Please note that any project, event or programme funded by the Innovation Fund is responsible for having the correct liabilities and insurance for the activities delivered.

The information and data collected from this application form will be processed by Stepladder Somerset (Second Step) in accordance with the terms and conditions of the 2018 Data Protection Act and Council policy.