**BARNET COMMUNITY INNOVATION FUND APPLICATION FORM**

**This word document can be filled out and saved to help you prepare your application beforehand. However, you MUST transfer this information to the online webform to officially submit your application.**

**Part 1: Contact Details**

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| **Name of organisation** | | |
|  | | |
| **Organisation address** | | |
| **Postcode:** |  | |
| **Organisation website (if applicable):** |  | |
| **Organisation social media link(s) (if applicable)** |  | |
| **Primary contact for this application**  *The primary contact must be a trustee, director or member of the management committee* | | |
| **First Name:** | |  |
| **Last Name:** | |  |
| **Position:** | |  |
| **Telephone number:** | |  |
| **Mobile number:** | |  |
| **Email address:** | |  |
| **Secondary contact for this application** | | |
| **First Name:** | |  |
| **Last Name:** | |  |
| **Position:** | |  |
| **Telephone number:** | |  |
| **Mobile number:** | |  |
| **Email address:** | |  |

**Part 2: Organisation Details**

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| **What type of organisation are you?** | | |
| Registered charity  Charitable incorporated organisation (CIO)  Community Interest Company limited by  Guarantee (CIC)  Company limited by guarantee | Constituted community group  Constituted but unincorporated club or  association  Community Benefit Society  Social Enterprise | |
| **What is your registration number (if applicable)?** | | |
|  | | |
| **When was your organisation founded?** | | |
|  | | |
| **What does your organisation do? Please include where you are based, your key activities and services as well as current work undertaken in Barnet (including any partnership arrangements)? (Max 1,200 words)** | | |
|  | | |
| **Who does your organisation help? Select all that apply.** | | |
| Children and young people  Adults (18-54 years)  Adults (55+) | |  |
| **Which groups does your organisation help? Select all that apply.** | | |
| Women  Black and minority ethnic groups  LGBTQ+  People with a physical impairment  People with a sensory impairment  People with a learning disability  People with mental health issues  People with autism  Older people  People with alcohol/drugs addiction  Other: please specify below | | Adult carers  Young carers  Migrants and refugees  Sexual assault victims  Domestic abuse victims  Homeless community  People seeking employment or support to find a new job  ☐ People not in education, training or employment |
| **Which area(s) of Barnet does your work mainly take place? Select all that apply.** | | |
| All areas of Barnet  Brunswick Park  Burnt Oak  Childs Hill  Colindale  Coppetts  East Barnet  East Finchley  Edgware  Finchley Church End  Garden Suburb | | Golders Green  Hale  Hendon  High Barnet  Mill Hill  Oakleigh  Totteridge  Underhill  West Finchley  West Hendon  Woodhouse |
| **What is your organisation’s annual operating budget / turnover?** | | |
| Under £10,000 ☐ £100,001 250,000  £10,001-50,000 ☐ £250,001–500,000  £50,001-100,000 ☐ £500,001 - £1m | | £1m - £1.5m  £1.5m - 2m  £2m and over |
| **Bank details**  Please enter the details of your organisation's bank account. You will be asked to attach a copy of a recent bank statement so we can verify these details. | | |
| **Name of bank:** | |  |
| **Branch:** | |  |
| **Sort code** | |  |
| **Account number(s):** | |  |
| **Name of account(s):** | |  |

**Part 3: Funding Request**

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| **How much funding are you requesting?** |
| A) ☐ £2,000 - please complete section A  B) ☐ £10,000 - please complete sections A & B  C) ☐ Up to £65,000 - please complete sections A & B |
| **SECTION A** |
| **Have you applied for any other funding in the past 6 months?** |
| Yes  No |
| **If yes, please tell us the name of the grant funder(s), amount(s) and any outcome, if known. (Max 500 words)** |
|  |
| **Which initiative/s does your application apply to? Tick as many as is relevant** |
| ☐ Support for unpaid carers as one key group adversely affected by the pandemic |
| ☐ Digital inclusion projects for older residents to reduce social isolation especially during prolonged periods of lockdown |
| ☐ Residents who have lost or at risk of losing their jobs. |
| ☐ Mitigating risk of lost functionality and mobility in older residents |
| **Please provide a brief description of your proposed project, specifying how the funding will be used, if you intend on working with other Barnet organisations and include a timescale for delivery (max 6/12 months) (Max 1500 words)** |
|  |
| **Please outline the benefits or outcomes you hope to achieve as a result of the funding and how it will it ultimately work to help residents and communities (max. 1000 words).** |
|  |
| **Is there any other information you would like to tell us? (Max 1000 words)** |
|  |
| **An end of project report will be required however we will need to monitor the progress of the work you are proposing to undertake. We need to do this approximately month/quarterly. Please indicate your monitoring preference below** |
| ☐ Monitoring Form ☐ Online Conversation ☐ Telephone Conversation |
| **SECTION B** |
| **Please provide a high level break down of the cost for your project. Tell us in the “description of costs” column what each item is and how much it is costing. Please be aware the maximum amount of “core costs” that can be awarded as a part of this grant is 20% -** |

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| --- | --- | --- |
| **Type of cost** | **Description of costs** | **Total cost £**  **(incl. VAT)** |
| **Staff and volunteer costs**  e.g. salaries |  |  |
| **Project costs** |  |  |
| **Core costs: overhead, administration and premises costs** |  |  |
| **Capital costs** |  |  |
| **Marketing costs** |  |  |
| **Other Costs**  (please specify) |  |  |
| **Total** |  |  |

**Part 4: Supporting Documents**

You are required to email the following documents to [communityinnovationfund@barnet.gov.uk](mailto:communityinnovationfund@barnet.gov.uk) within 24 hours from the submission of your application to allow it to be considered:

* Governing document (e.g. constitution, company articles of association for Community Interest Groups and Social Enterprises)
* Last submitted annual accounts
* Last 3 bank statements showing organisation name, address, sort code and account number
  + The statement can be scanned or downloaded from your online account
  + Transactions should be redacted
* If applicable, and available safeguarding policy or statement (if you are working directly with vulnerable service users) - if on your website please send us the link to this

**If you are unable to provide the required documents, email** [**communityinnovationfund@barnet.gov.uk**](mailto:communityinnovationfund@barnet.gov.uk) **with an explanation**

**Part 5: Compliance**

Does your recruitment procedure use the Disclosure and Barring Services Enhanced Checks, as appropriate for staff and volunteers who are working unsupervised with children and protected adults? YES/NO

Are you satisfied that your organisation's procedures for staff and volunteer recruitment and supervision minimise the risk of harm to children and protected adults? YES/NO

**Part 6: Acceptance of our Terms and Conditions**

If your application is successful, by agreeing to the terms and condition you accept the following:

* We will use the information you have provided to process and administer your application. We may request further evidence to confirm information given on this form, including obtaining information about you from other organisations for the prevention or detection of crime and to protect the funds we administer. We may pass forward information about your project to our funders.
* The offer of a grant is conditional and may be on the provision of additional information. This must be received by us within two weeks of the offer of the grant, failing which, the offer will be withdrawn. You must use the grant for the purpose for which it was approved and notify us of any proposed material change to the project.
* You will spend the grant within the period of undertaking the project
* You must keep records of any expenditure which will be supplied to us if requested.
* You will comply with UK laws and meet the requirements of The Equality Act 2010.You will carry out the appropriate DBS checks if you work with young people or vulnerable adults.
* The project complies with all relevant legislation and adopts good practice in ensuring that safeguarding measures and insurance for the project are in place.
* You will notify us if an allegation relating to safeguarding or health and safety are investigated.
* The grant is a donation and we are not liable for the consequences of its use. We reserve the right to reclaim any money which has been paid as the result of fraudulent or misleading claims.
* You will acknowledge the fund and its funders on any publicity material you issue in relation to the work of this grant, following agreement from the council.
* You will be willing to take part in, where proportionate and practical on any publicity activities.

Please tick this box to confirm that the information provided is true and accurate and that you accept the conditions detailed above, and sign below, or type in your name and date if emailing this application. ☐

I/We understand that Barnet Council have requested information about my organisation’s personnel and financial data for the purpose of processing this application.

I/We confirm that the information given on the application form is true and my organisation has formally agreed that I/we can act on their behalf. I/we confirm that I/we have attached all required additional documents.

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| --- | --- | --- | --- |
| Applicant’s signature |  | | |
| Applicant’s name |  | Date |  |

Where possible, we will communicate with you about your application by email. We would also like to send you our community e-newsletter which includes details of grant application closing dates and other information. You can unsubscribe from that e-newsletter at any time.

Please tick here if you wish to join and be sent Barnet Communities Together Network Bulletin e-newsletter: ☐