



Derby City Partnership

SMALL CHANGE APPLICATION FORM

Please read the guidance notes before completing this application form. Please do not forget to sign the agreement on page 10.

Section 1 – Your organisation

Q1 Contact details

Name of your organisation

Name of contact person

This is the name of the person completing the form. You should know about the project you are applying for and can be contacted during office hours.

Title

Mr, Mrs, Miss, Ms

First name

Last name

Your position in the group

Contact address, including your postcode

Postcode:

E-mail address

Telephone number

Q2 What type of group are you? Tick only the box which applies.

Community group	
Company limited by guarantee	
Registered charity <i>Please give your charity registration number</i>	
Exempt or excepted charity with the Inland Revenue	
Other	

Q3 When did your group start?

Month Year

Q4 Briefly describe the purpose of your group

Describe the usual activities or services you provide. If you are a new group, describe the services or activities you plan to provide.

Q5 Is your group a branch of a larger organisation? If so, please tell us which one.

Q6 How many people are on your management committee?

Q7 Of the people you have included in Q6, how many of them would you describe as

Disabled people		Young people 25 and under		People of minority ethnic origin	
Women and girls		Older people over 60			

Please put numbers in the appropriate boxes. Some people may be counted more than once if they are covered by more than one of the descriptions. For example, a disabled woman will be counted under two headings.

Q8 Describe the skills and experiences of the key management committee members that help them in running the group.

For example, does anyone have experience of recruiting or managing staff, or are they involved in managing a budget through their paid work?

Chair:
Treasurer:
Secretary:

Q9 Does your group have any of the policies listed?
Please tick the appropriate box.

	Yes	No
Equal Opportunities Policy		
Health and Safety Policy		
Child Protection Policy		

Please note that if your project works with young people under 18 years you should have a child protection policy.

Q10 Has anyone in your group had any Child Protection Training?

Please tick the appropriate box

No ☐ Yes ☐

If so who? Please give details of training and training provider

--

No ☐ Yes ☐

Q11 Have you applied to this fund before?

No

☐

Yes

☐

If yes, please give details

	Successful?	
Date of application	Yes	No

Section 2 – Your project

Q12 What activities will take place if you receive a grant?

Try to be specific about what you will do and how you will do it. Please explain how you will make sure your event or activity is open to anyone who may want to attend. Include details of any other organisations you will work with.

Q13 How do you know there is a need for your project or activity?

Please tell us what you have done to find out about the needs of the people or organisations who will benefit from your project or activity? Include details of any research or consultation you have carried out.

Q14 When will the activity happen?

Do not buy or order any goods or equipment you want the grant to pay for, or pay for any staff, before you hear the outcome of your grant application.

Month

Year

Q15 What difference do you hope the project or activity will make to your community?

Please explain who will benefit and in what way.

Q16 Where will the project take place?

Please include the postcode if possible. Please see page two of the guidance notes to make sure your project will take place in one of the eligible areas.

Q17 How will your project meet the aims of the Derby City Partnership Cities Small Change Fund?

Please see page one of the guidance notes for details of the aims of the Small Change Fund and Derby City Partnership cities. **You must explain how your project meets the aims as your answer will help us decide whether we can give you a grant.**

Tick here ☐ if your project will promote positive activities for children and young people

Tick here ☐ if your project will reduce crime and anti-social behaviour or strengthen community cohesion

Tick here ☐ if your project will promote healthier lifestyles

Tick here ☐ if your project will improve economic well-being

Tick here ☐ if your project will promote cultural activity

Q18 Please tell us how much your activity will cost in total and give us a breakdown of the costs.

Where possible, please provide evidence of how you have reached these costs. For example, by providing quotes or copies of brochures or catalogues with prices.

Item	Total Cost £	Amount requested from Small Change Fund £
Totals	£	£

Q19 Are you using any other funding to help pay for the project?

This can be cash or an 'in kind' contribution, such as the value of equipment given free for use in the project.

Q20 Are you applying to any other fund for the project described in this application?

Funding organisation	Amount £	Progress

Q21 How many people will benefit from your project?

Number of people

Number of groups or organisations

Q22 Where do the people who will benefit from your project live?

Please give the neighbourhood or ward/s

Q23 How would you describe the people who will benefit from your project?

Please tick the boxes which apply

Young people 19 years and younger		Older people 60 years and older	
Lone parents		Women	
People on low incomes		Unemployed people	
People from a minority ethnic community		Disabled people	

Q24 Does your project meet one of the Small Change priority types of activity listed on page 4 of the guidance notes? If so use the box below to tell us which priority and how it meets the priority

--

Q25 Please give us details of the bank account into which you would like us to pay a grant, if approved

The bank or building society account must be in the name of your organisation and must have at least two people to sign each cheque or withdrawal. These two people should not be related.

Bank account name	
Bank or building society name	
Bank or building society address	

Sort code

--	--	--	--	--	--

Bank account number

--	--	--	--	--	--	--	--

or Building society roll number

--

Q26 List all the people who are authorised to sign cheques of withdrawals on this account.

Name	Position in the group

Q27 Signatures

Main contact

This should be signed by the main contact named in question one.

I confirm, on behalf of the group, that I am authorised to sign this application form and that, to the best of my knowledge, all answers are true and correct. I confirm that the management committee or other governing body has authorised this application and the proposed project as described in it.

Signed Date

Independent referee

This person must be independent of your group and management committee but must know about your work and this project.

Title	First Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation

Contact address, including postcode

<input type="text"/>

E-mail address

Telephone number

How long have you known the group? Years Months

How do you know the group?

<input type="text"/>

Signed Date

Agreement to grant conditions

We understand and agree to the following:

1. We will use the grant only for the purposes set out in the project application. We will not make any changes to the project or how the grant is to be spent without the prior agreement of the Small Change Award Partners, acting on behalf of the Derby City Partnership.
2. The Small Change Fund will not pay grant money for expenditure incurred before the project approval date.
3. We will not sell or dispose of any equipment, or other assets, purchased with the grant without the prior knowledge and written consent of the Partnership.
4. We will make sure that the project is value for money and will keep a record of all quotations and estimates.
5. We will comply with any relevant legislation affecting the way we run our project.
6. If the project works with children and young people under 18 years, we will take all reasonable steps to make sure that:
 - our organisation has a Child Protection policy
 - everybody who is likely to come into contact with them has been checked with the Criminal Records Bureau and is fit to work with children and/or young people
 - the premises in which the service is to be provided are fit for children and young people
 - we comply with all requirements for registration under the 1989 Children's Act and any subsequent amendments.

For more information on keeping children safe visit: www.dh.gov.uk

7. We will make sure that we maintain adequate insurance to cover all of our activities at all times.
8. We understand we must spend the grant within one year of the date of the award letter. If we do not spend the whole grant we will return the unspent amount to the Small Change Fund.
9. We will keep all financial records and accounts, including receipts to show how the grant was spent. We will complete the end of grant report within six months of the date of the award letter.
10. We will make sure that any publicity promoting the project acknowledges the financial assistance provided by the Derby City Partnership Small Change Fund programme.
11. We agree that the Small Change Fund will have the right to withhold or request repayment of the grant or any part of it at its discretion if:
 - we breach this agreement
 - we fail to reflect equal opportunities in our practices.

Please turn over and sign the agreement.

12. We agree these terms and conditions will prevail and remain in force until the grant is spent and the Small Change Fund has received and approved the end of grant report.
13. We agree that Small Change can use the name of our group and our project in its own publicity materials. We will inform Small Change of any situation where confidentiality is a particular issue.
14. I confirm that the group named in question one of the application form has authorised me to sign this agreement on their behalf. We certify that the information given in this application is true and confirm that the enclosures are current, accurate and adopted or approved by the organisation. If this application is successful, in full or in part, the group will keep to these terms and conditions.



All personal information provided will be treated in confidence and in accordance with the Data Protection Act 1998. It will be used for the purpose of administering your application, providing information to you about Small Change events, activities and funding opportunities and for consultations and evaluations. It will not be shared for any other purpose. We will only use anonymised information for reporting purposes.

We agree in accordance with the data protection act 1998 to obtain permission from individuals or their parents and guardians if they are under the age of 18, to hold, publish and share their photo images with Small Change and they may be used in publicity materials for Small Change.

This section should be signed by someone senior in your organisation. It should be someone different to the main contact.

Name		Position in group	
Signed		Date	

Checklist- Please use the checklist to ensure your application is complete

The following has been enclosed:

- ☐ organisation's constitution or set of rules
- ☐ organisation's latest set of annual accounts or statement of income and expenditure
- ☐ a copy of a recent bank statement in the name of your group
- ☐ copies of your Equal Opportunities and Health and Safety policies if you have them
- ☐ a copy of your child protection policy if your organisation works with young people.
- ☐ The form has been signed by 2 different people from the organisation
- ☐ The form has been signed by the independent referee
- ☐ Quotes or other evidence of project costs are included.