Office use only

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Sheffield City Council

Cohesion Fund 2019-20

Small Grant Application Form

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| **1** | What is your group called? *Give the group’s name as it appears on the bank account.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2** | Describe the aim of your group and what your main activities are. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3** | Name of project or activity for which you are requesting a grant. *Please give a short (a few words) description of what you are requesting funding for e.g. play scheme, tutor costs, community festival.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4** | Please give us your contact details (this person will be known as the Grant Contact): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | |  | | First name | | | |  | | | | | Surname | | | |  | | | | | | | | | | | | |
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| Position in group | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Contact Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Your phone number, if we need to talk to you. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Your email address, if you have one. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **5** | Full address of where your activities will be based: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6** | Which Ward(s) will your activity be based in? (please specify): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| **7** | What activities will be delivered if we give you a grant? *Please give a description of what you are requesting funding for.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8** | When will the activities take place? *If the grant is for a one-off event or series of events please state the date(s) and time(s). If it is an on-going activity, tell us the period over which our grant will contribute,* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9** | Can everyone take part? *Please give details of* ***who*** *you expect to attend, for example their* ***ages****, their* ***gender****, their* ***ethnicity****, whether they are* ***disabled*** *etc.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10** | | How many people will benefit from this grant? *Please include the total number of individuals and say how you know this many people will benefit. For example, is it an estimate based on a similar event that you ran previously or is the activity for an existing group of people already members of your group?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **11** | Please describe how you think the activity will contribute towards the Fund Priorities you are applying to (as detailed in question 7 above). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12** | If you are requesting funds for an existing activity how is it currently being funded? If it is a new activity, where did the idea come from and how do you know there is demand/ a need for it? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **13** | If your activity will be delivered or items installed in an open space or is an upgrade to premises that are not owned by your organisation, have you obtained **written** **permission** from the landowner/landlord? Have you received any required planning permission, and any other necessary approval e.g. building regulations? Please tick √ the relevant box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landowner / Landlord Consent | | | | | | Yes | | | |  | No | | | | |  | | N/a | | |  | | **If no**, the application will be rejected at this stage | | | | | | |
| Planning Permission | | | | | | Yes | | | |  | No | | | | |  | | N/a | | |  | |
| Any other required consent(s) | | | | | | Yes | | | |  | No | | | | |  | | N/a | | |  | |
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| **14** | Have you taken advice about your insurance requirements and does your organisation have adequate **insurance** in place both for any items of equipment purchased and for the activities it delivers? Please tick √ the relevant box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | No | | | | |  | | **If no**, the application will be rejected at this stage | | | | | | | | | | | | | | | | | |
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| **15** | Does your organisation work with vulnerable adults? Please see application guidance and tick √ the relevant box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | No | | | | |  | |  | | | | | | | | | | | | | | | | | |
| Or children & young people under 18? Please tick √ the relevant box below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | |  | | No | | | | |  | |  | | | | | | | | | | | | | | | | | |
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| If you have ticked ‘yes’ to either of the above and your project will be working with children, young people or vulnerable adults, please tick this box to confirm that your organisation understands and discharges its duties and responsibilities in respect of their protection. You must have a policy and procedures which are relevant and appropriate and these must be put into practice. This includes obtaining Disclosure and Barring Service (DBS) checks and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ensuring that individuals are not permitted to undertake particular activities where a disclosure casts doubt on their suitability to do so. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| *Note: We do not need you to send a copy of your policy and procedures to us but we may ask to see them or may visit your organisation to check that these policies and procedures are being put into practice. For further information and guidance on the term ‘vulnerable’ adult in relation to current legislation see Voluntary Action Sheffield information leaflet Safeguarding Vulnerable People at* [*https://www.sheffield.gov.uk/home/social-care/adult-abuse.html.*](https://www.sheffield.gov.uk/home/social-care/adult-abuse.html.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **16** | | Is your group or activity *only* for men/boys or *only* for women/girls? If so, please explain why. *The Council must consider its equality duty when funding groups; if your group/ activity is for men/boys only or women/girls only you will need to tell us why so that we can be sure that you are exempt from the provisions of the Sex Discrimination Act 1975 as amended by the Equality Act 2010 which does not allow the Council to do anything that constitutes discrimination or harassment within the meaning of this legislation.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **17** | | Please give us a breakdown of what you want the grant to pay for: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item requested | | | | | | | | | | | | | | | | | | | £ per item | | | | Total | | | | | |
|  | | | | | | | | | | | | | | | | | | | £ | | | | £ | | | | | |
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| **Total grant requested from us** | | | | | | | | | | | | | | | | | | | | | | | ***£*** | | | | | |
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| **18** | | Will the grant requested pay the full cost of the activity? | | | | | | | | | | | | | | | | | | Yes | | |  | | | No | | | |  |
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| If **no**, please tell us how you will cover the full cost: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item | | | | | | Cost: £ | | | | Funding source | | | | | | | | | | | | | | | Secured Y/N | | | |
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| **Total required from other sources** | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |
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| **19** | | Have you applied to any other funders for the same thing? Please tell us when you will know if you are successful or not? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **20** | | If we award only part of what you have applied for, will the activity go ahead? Please explain in the box below how you will meet the rest of the costs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Feedback  We are interested in your suggestions for improvements to this form. Any comments you have about the grants process as a whole are also welcome. Please write your views below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please note**: ***You must have a bank account in the name of your group.*** If your application is successful and your group is not already set up as a registered SCC ‘supplier’, we will need you to set up your organisation on our finance system. You should receive this request in an email format from our Trade Supplier team asking you to follow a link that will take you to Sheffield City Council’s secure website to enter your details electronically. Please **do not** include any bank details for your group in this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please return this completed form by email (a paper copy is not required)  By 5pm Friday 31st May 2019  to [cohesion](mailto:cohesion)@sheffield.gov.uk | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IMPORTANT: Please now complete the Signature and Grant Conditions Form which must be signed and returned to us as a paper copy/ scanned copy before we can consider your request for funding.  Paper copies should be returned to:  Cohesion and Migration Team, Sheffield City Council, Level 11, West Wing, Moorfoot Building, Sheffield S1 4PL  Alternatively you can scan your forms and email them to us at:  [**cohesion@sheffield.gov.uk**](mailto:wardpots@sheffield.gov.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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