



**Guidance for Completion of Application
for Hall Green NNS Small Grants Programme (Covid 19)**

| | <u>Question</u> | <u>Guidance Notes</u> | <u>Maximum Score</u> |
|----|---|--|-----------------------------|
| 1. | Your Details | Ensure that the details you provide are accurate and current. All correspondence will be made through the person you specify here. | 0 |
| 2. | What is the name/title of your proposal and what would you like to use the funding for. | Give as much detail as possible about what you plan to use the funding for. (Remember the main focus will be on vulnerable adults aged 50 plus, however other citizens can benefit). Please refer to our Factsheet to ensure your proposed project will be eligible for the grant. | 10 |
| 3. | Please explain how you arrived at the decision that your particular project is needed. | We realise that with the Covid-19 outbreak it will be difficult to show that you have spoken to citizens about your proposal. Where you have been able to engage with citizens, please give details. | 5 |
| 4. | Your project will be expected to support vulnerable older adults age 50 plus in the main, however other citizens can also benefit. Please let us know if you will be engaging with any of the following groups in the constituency. | Please tick all relevant boxes to reflect your commitment to engaging with the most vulnerable groups in the Hall Green constituency. | 0 |
| 5. | If you have received funding from any other NNS fund please give details of the amount and the activity it has funded. | Please let us know about any other NNS funding you have received | 0 |



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| 6. | Bearing in mind all NNS Grant funding needs to be spent within 6 months, when do you expect your activity/service to take place? | Please indicate your estimated start and finish date for your proposed activity/service. | 0 |
| 7. | Where will your activity/service take place? Please give geographical location(s) and evidence there is a gap in the provision of the activity/service you are proposing in this particular area or areas. | Specify where your activity/service will be taking place. If it is at your usual venue, then please state this, giving full address and postcode. It would also be useful for monitoring purposes if you could give the Ward name. Give as much evidence as possible as to how and why there is a gap in provision and how your activity will address this. | 5 |
| 8. | How many people do you think your service/activity will support? | The number of people you intend to support to provide relief or the prevention of suffering that is a direct or indirect consequence of the Covid-19 outbreak. | 5 |
| 9. | Explain how your project will meet the NNS Covid-19 outbreak priorities and how you intend to measure them. Please refer to the guidance sheets on "Setting Outcomes and Indicators". | Give as much information as possible about the outcomes your proposal will achieve and how these align with the NNS Covid-19 Outcome. Also give examples of how you will measure the outcomes and the impact of your proposal. | 10 |
| 10. | Budget outline | List the items you will need in order to carry out your proposed activity/service. Ensure that the total amount does not exceed £10,000 Only list the items that the grant will be paying for. Each item requested must be used for the purposes of your planned activity/service and must represent value for money. | 10 |



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| 11. | Have you got any match funding – in cash or in kind? | Please tick yes or no if you will be using any match funding to deliver your proposed activity/service. | 0 |
| 12. | How did you hear about the NNS Covid-19 Grants Programme? | Please let us know where you heard about the programme. It is important that we make the fund as accessible as possible. | 0 |