**Hall Green Small Grants Programme Application Form**

**Proposals need to meet at least one of the NNS Outcome Priorities listed below.**

(Tick all those that apply)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NNS Priorities**   |  |  |  |  | | --- | --- | --- | --- | | Digital Inclusion |  | Hoarding |  | | Advice & Support (Including Peer Support) |  | Partnerships |  | | Affordable Warmth and Fuel Poverty |  | Transport & Mobility |  | | Arts & Culture |  | Income Maximisation |  | | Bereavement, Death and Personal Loss |  | Support to Underrepresented Groups. |  | | Social Activity & Community Involvement |  | Supporting Carers |  | | Employment, Volunteering & Skills |  | Support to Live Independently at Home e.g. gardening, handyperson |  | |

**Public Health Measures**

If funding is approved, I will be using the following impact measures for my project:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

30-Second Chair Stand Test

Mental Health Wellbeing Questionnaire (WEMWBS)

Social Isolation Tool (The three-item UCLA loneliness scale

Nutrition Toolkit

All Aspects of Health Literacy Questionnaire (AAHLS)

If you would like to talk your idea through in the first instance or need any further clarification, please contact **Zaima Khaliq on 0781 1168 272.**

**Before completing this form, please read through the following information to support your answers to each question: -**

**Grants Programme Fact Sheet**

**Guidance for Completing Application**

**Guidance on Setting Outcomes and Indicators**

**Public Health Impact Measure Guidance**

**Please confirm:**

|  |
| --- |
|  |
|  |

I have been provided with the relevant documents relating to the Impact Measures

Hall Green NNS have explained the support available to my community organisation

1. **YOUR DETAILS**

|  |
| --- |
|  |

**Your group/org name & Full address (incl. post code)**

**Main contact details:**

|  |
| --- |
| **Full Name:** |
| **Email Address:** |
| **Social Media:** |
| **Contact telephone number:** |

Describe your group/organisation in a few sentences, including how many members you currently have, including how many members/attendees you currently have:

|  |
| --- |
|  |

**Please circle the option below that best describes your group’s legal structure:**

**Affiliated to an organisation / Charity / Existing Community Group / Organisation /Private/**

**Community Interest Company / New community group / Individual Resident**

**Charity Number ………….. Company Registration Number** ………

1. What is the name/title of your proposal and what would you like to use the funding for and how is this new to your group or community? Please let us know if you have key community partners you intend to work with on this project? **(700 words max)**

|  |
| --- |
|  |

1. When and how have citizens influenced the design of your proposal outlined in Question 2? It is important that you show evidence of how your proposal has been co-produced with citizens. **(400 words max).**

|  |
| --- |
|  |

1. Please indicate the target beneficiary group(s) for your project:

People aged 50+  Adults aged 18-49 with a long-term disability

Please indicate the needs of the people who will be engaged on your project, tick all that apply.

Learning Disability  Autism/ADHD

Mental Health  Carers

Older People  Physical Disability

🞎 Sensory Loss or Impairment  Dementia

🞎 Language Barrier

Other / please specify

1. Have you considered other sources of funding which may be available to you for the proposed activity/service and also whether other funding may be available once your project is up and running? Give examples of specific funding sources where possible. **(250 words max)**

|  |
| --- |
|  |

1. If you have received funding from any other NNS programme in Birmingham please give details of the amount and the activity it has funded.

|  |
| --- |
|  |

1. Bearing in mind all NNS Grant funding needs to be spent within 12 months, when do you expect your activity/service to take place?

|  |  |
| --- | --- |
| Start Date: | Finish Date: |

1. Where will your activity/service take place? Please give the geographical location(s) and evidence there is a gap in the provision of the activity you are proposing in this particular area or areas.

|  |
| --- |
|  |

1. How many people do you think will access your new activity/service in total?

People aged 50+ Younger adults with a long-term disability

1. List the NNS outcomes you have ticked on page 1 and explain how your project will meet those outcomes and how you intend to measure them. Please refer to the guidance sheet on “Setting Outcomes and Indicators”.

**Please note** - If you are working with both beneficiary groups (adults over 50+ and younger adults with a long-term disability) through your project, you will need to include separate project outcomes and indicators for both groups.

**People aged 50+**

|  |  |  |
| --- | --- | --- |
| NNS Priority Outcomes | Your Project Outcomes | Indicators |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Younger adults with a long-term disability**

|  |  |  |
| --- | --- | --- |
| NNS Priority Outcomes | Your Project Outcomes | Indicators |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. How will you ensure the continuation of your proposal once the funding has come to an end? Please give examples of the strategies you might use other than applying for further funding. **(300 words max)**

|  |
| --- |
|  |

1. Please outline below how much the requested items or services will cost, including costs for delivery charges and inclusive of VAT. You can use an additional sheet to list your requested items if you need to. Only include the costs you are applying for (please refer to our Factsheet re eligible costs).

**Please note** - You will need to complete a budget table for either people aged 50+ or younger adults depending on who your project beneficiaries are. If you will be working with people from both groups, you will need to complete two budget tables (one for each group) and indicate how the funding you are applying for will be allocated.

**People aged 50+**

|  |  |  |
| --- | --- | --- |
| **ITEM/SERVICE** | **WHERE WILL THIS ITEM/SERVICE BE PURCHASED FROM?** | **COST (£)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL COST:** | |  |

**Younger adults (18-49) with a long-term disability**

|  |  |  |
| --- | --- | --- |
| **ITEM/SERVICE** | **WHERE WILL THIS ITEM/SERVICE BE PURCHASED FROM?** | **COST (£)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL COST:** | |  |

Are you attaching a separate sheet for costs not included above? **Yes / No (***please circle as appropriate)*

1. Have you got any match funding – in cash or in kind? Yes  No

If yes, give details

|  |
| --- |
|  |

1. How did you find out about the NNS Small Grants Fund:

|  |
| --- |
|  |

1. Please tell us about your governance arrangements

Are you a constituted group? Yes / No

If yes, how are you constituted?

…………………………….……………………………………………………………………….

Do you have these documents available? If not and you would like support to obtain them, please contact a member of the NNS team before submitting your application.

|  |  |  |
| --- | --- | --- |
| Public Liability Insurance Certificate | Copy included here | Yes/No |
| Employee Liability Insurance Certificate | Copy included here if relevant | Yes/No |
| Health & Safety Policy | Available on request | Yes/No |
| A senior safeguarding lead with the appropriate DBS’s for staff and volunteers | Available on request | Yes/No |
| A volunteer policy and/or procedure | Available on request | Yes/No |
| Adult and Children’s Safeguarding Policies detailing reporting procedure | Available on request | Yes/No |
| Data Protection Policy | Available on request | Yes/No |

Your data is processed in line with the Data Protection Act 2018. We may use the information you provide on this application form to enable us to make payments related to your activity. Your data will need to share with the grants panel.  We will delete any personal information within 24 months of the programme finishing on 31st March 2027. For further information on how we process and store your data, or if you are unhappy about the way your data is being handled, then please visit our website [www.greensquareaccord.co.uk](https://eur02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.greensquareaccord.co.uk%2F&data=05%7C02%7CNatalie.Tichareva%40greensquareaccord.co.uk%7C9fc8a2bf1da748d530c408dd60b0667c%7Cd7e87084d7b947bca63b8356a479d689%7C0%7C0%7C638773032916016881%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=RNHYxpEFCNc%2BMgR0K4YptQA3FKdfNf2EqIZTuUXabOo%3D&reserved=0) to view our Data Protection Privacy Notice.

Please check this box is you would like to be kept informed about NNS activities

(You can choose to opt out whenever you want to by letting us know through email [HallGreen.NNSTeam@greensquareaccord.co.uk](mailto:HallGreen.NNSTeam@greensquareaccord.co.uk) or call: 07584 500595.

By signing below, I understand that if I make misleading statements at any stage during the application process, or knowingly withhold information, it could make this application invalid, and I could be liable to repay any costs covered by the fund. I am aware that activity must take place within 12 months of receiving the funds. I have read, and agree to, the evaluation and monitoring requirements set out in the NNS Grants Programme Fact Sheet provided. I understand that GreenSquareAccord will contact me and our group for feedback and to monitor the activity and I agree to this.

**Main contact person**

**Date:**

**Signature:**

If you would like to talk through your idea in the first instance, need help with any aspect of the form or need any further clarification please contact

Zaima Khaliq, [zaima.Khaliq@greensquareaccord.co.uk](mailto:zaima.Khaliq@greensquareaccord.co.uk), or call 0781 1168272.

Applications should be emailed to: [HallGreen.NNSTeam@greensquareaccord.co.uk](mailto:HallGreen.NNSTeam@greensquareaccord.co.uk)

**Please use subject heading ‘NNS Grant Application Form’**

This is a rolling grants programme; it will stay open until all funds have been allocated.

**FOR OFFICE USE ONLY:**

Date & Time Application Form received: