

GREATER MANCHESTER

MAYOR'S CHARITY

GREATER MANCHESTER MAYOR'S CHARITY HOMELESSNESS INNOVATION FUND APPLICATION FOR ASSISTANCE

Important Information

Please read the Fund Application Guidelines **before applying** for more information on who can apply and the type of proposals we are looking to support through this funding round.

The deadline for applications is 11:59pm Monday 30th September. We will not be able to consider any applications for this fund received after the deadline.

Please ensure that you include the supporting documentation detailed in Section 4 along with your completed application form.

We will endeavour to provide a decision on your application within **4 weeks** of receiving your completed application. For more complex applications there may be occasion where we will extend the decision timescale and will inform you if this is the case at our earliest opportunity.

SECTION 1 – ABOUT YOUR ORGANISATION

Name of your organisation

Registered address of your organisation

Website address

Main Contact

Please note the main contact will be the legally responsible person for any funding awarded.

Full name

Position in the organisation

Address

Date of birth

Contact telephone

Contact email

How many trustees does your organisation have?

Please provide the following details of up to six of your trustees: Name, address, date of birth, email

What type of organisation are you? (select as many as appropriate)

A registered charity

Company limited by guarantee

Community Interest Company

Constituted group or club

(Please provide your registered charity number)

(Please provide your company number)

Other (please describe):

Which Greater Manchester Local Authorities do you work in?

Bolton

Bury

Manchester

Oldham

Rochdale

Salford

Stockport

Tameside

Trafford

Wigan

Please tell us about the overall aims and objectives of your organisation and the main activities you provide (max 100 words)

What is your organisation's annual income (based on your last set of accounts)?

Does your organisation attend the Greater Manchester Homelessness Action Network?

Yes

No

SECTION 2 – ABOUT YOUR PROJECT

Please provide a summary of your project including the aim, when your project will run from/to and what you will do (max 300 words)

Which areas in Greater Manchester will your project work in? If your beneficiaries live in a specific area of your local authority, please tell us below. You can write more than one area

Describe the people that you will work with, the issues they face and how your project will address them (your answer should help us understand the need for your project and any unmet gaps your project will meet — max 200 words)

What positive changes would you expect to see for the people you will work with? (max 150 words)

How have the people you intend to support been involved in your project design and how will you continue to involve them in the project? (max 150 words)

How will you know that your project has achieved the intended difference? Tell us about how you will monitor the changes your project will achieve (max 150 words)

Please describe the impact that you expect your project will have on the ambition of A Bed Every Night to end rough sleeping in Greater Manchester

We realise that you cannot give exact figures but please estimate as accurately as possible. This information is important and will be used to evaluate the project at the end of the grant period.

Beneficiary Groups

Please select the beneficiary groups who your project will support (you may select more than one category)

Young people

People with no recourse to public funds

Women

People with multiple disabilities

People with learning difficulties

People with physical difficulties

Victims of crime/violence/abuse

People with alcohol/drug issues

People with mental health issues

Refugees/asylum seekers/immigrants

BME Communities

LGBT communities

Other (Please explain)

Ethnicity

Please list the ethnic groups whom your project will work with

White British

White Irish

White East European

White Gypsies and Travellers

Other White

Mixed

Black Caribbean and White

Black African and White

Asian and White

Other Mixed Ethnicity

All Ethnicities

Asian and Asian British

Indian

Pakistani

Bangladeshi

Other Asian

Black and Black British

Caribbean

African group

Other Black

Chinese or other group

Any other

Age Groups

Please indicate the primary age group that will project will work with

*Young People
(16-25)*

*Adults
(26-65)*

*Seniors
(65+)*

*All
Ages*

SECTION 3 - THE BUDGET FOR YOUR PROPOSAL

Please provide details of how much your project will cost, how much you are re-requesting from us and whether you have any other funding for this project?

Include a breakdown of these costs i.e. staffing, office costs, volunteering expenses, equipment/materials etc.

Please provide details of any other funding you receive through the ABEN initiative (for activities outside of this project)

SECTION 4 – SUPPORTING DOCUMENTATION

Supporting Documentation

For us to verify the status of your organisation and to ensure that any awards are made in line with appropriate regulations, you will need to provide the following information in addition to your application:

- **A copy of your most recent approved accounts** which should be no more than 18 months old. If you are a new organisation set up within the last 15 months you can provide a 12-month cashflow projection (you can provide a digital link if your accounts are available online eg Charity Commission website or Companies House)
- **A signed and dated copy of your governing document or constitution** (you can provide a digital link to this if it is publicly available online)
- **A copy of your safeguarding policy and procedures**

We also require the details of two independent referees who know about your organisation and your project. Please note that we may contact them as part of our assessment process:

REFEREE 1

Name

Position and relationship with your organisation

Contact email

Contact telephone

REFEREE 2

Name

Position and relationship with your organisation

Contact email

Contact telephone

Declaration

I confirm that the information provided in the application form is true and the organisation has agreed that I can act on their behalf. I confirm that I have attached all necessary supporting documents.

Name

Signature

Date

DATA PROTECTION

We hold and store your information in line with the Data Protection legislation currently in force and in line with our Data Protection Policy. Please read our full policy published on our website www.gmmayorscharity.co.uk/privacy-policy/. This policy may be updated from time to time. There are circumstances where we will share the information you have provided to us in this application in line with the limitations of legislation. We will use the information you give us during assessment and during the life of your grant (if awarded) to administer and analyse grants and for research purposes. We will keep in contact with you throughout the life of your grant and we will send you regular email updates. These will contain useful information on a range of things including how to publicise your grant, information on other funding available and project ideas and tips from other grant holders.

Please ensure that you attach all of the required additional documents and send your completed application form to **enquiries@gmmayorscharity.co.uk**

If your application is successful we will also ask you to send us the following before we can confirm your offer:

- A copy of a recent bank statement (no more than 3 months old) showing:
 - Your organisation's name
 - The address your bank account is registered to
 - Your account and sort code
 - Date
 - The name of your bank
- Read and sign our terms and conditions of grant