

**Please read the guidance notes before filling in the proposal form. Please answer all sections.**

Derby Homes Youth Alliance Grant ‘Inspire and Innovate’ Project Proposal

Winter 2023 – Spring 2024

We will use the information you provide in this document to assess your proposal, the information you give will be used in your grant agreement.

Only direct costs associated with delivering the activity should be included.

We will only accept electronic applications.

**Closing date/time:**

This grant is ongoing until funds have been allocated.

**SECTION 1 – ELIGIBILITY**

|  |  |
| --- | --- |
| 1. | Criteria for Derby Homes Youth Alliance Grant Please answer Yes, No or N/A (for not applicable) |
| **1.1** | Does your project directly benefit Derby city's children and young people? | Yes |
| **1.2** | Does your service, activity or project involve working with children or young people aged 8 to 18 (24 for SEND)?  | Yes |
| **1.3** | If your answer to question 1.2 is yes, do all staff and volunteers in contact with children or young people have Disclosure Barring Service (DBS) clearance, and have they all attended safeguarding training? | Yes |
| **1.4** | Has your organisation completed or updated a Health and Safety risk assessment, including Covid-19 compliance, in the last twelve months and do you have a Food Hygiene certificate available should your application be successful? | Yes |
| **1.5** | Will you be able to demonstrate your commitment to Equality in the Community within your application? | Yes |
| **1.6** | Will your project meet the agreed YA project priorities? | Yes |
| **1.7** | Will your project be delivered in partnership with another YA Alliance member/organisation? | no |
| **1.8** | Will your project be delivered in partnership with another provider? | no |
| **1.9** | Will your project specifically target young people from vulnerable, at risk or disadvantaged groups? | Yes |
| **1.10** | If your application is successful, do you agree to sign a Funding Agreement? | Yes |
| **1.11** | Do you agree to monitor and evaluate the project, service or activity proposed in this application? Guidance and templates will be provided. | Yes |
| **1.12**  | Do you confirm that you will be ready to deliver within the designated project timeline? | Yes |

**SECTION 2 –YOUR ORGANISATION**

|  |  |  |
| --- | --- | --- |
| **2.1** | Name of your organisation  |  |
|  | Main contact person |  |
|  | Main contact position in the organisation / group |  |
|  | Contact address, including postcode |  |
|  | Telephone number |  |
|  | Email address |  |
|  | Website address |  |
|  | Address where the organisation / group meets, if different to the one above |  |

**2.2 Which of these best describes your organisation / group as the lead organisation?** You may tick more than one box. (Please refer to the General Information section: Identifying your legal status.)

|  |
| --- |
| [ ]  Voluntary/Community organisation[ ]  Registered charity - what is your registered charity number? [ ]  Company limited by guarantee [ ]  Affiliated to a regional or national organisation - what is its name? [ ]  Social Enterprise/ Community Interest Company?[ ]  Other – please state |

**2.3 Contact details of the main signatory for the agreement**

|  |  |
| --- | --- |
| Main contact name/position  |  |
| Contact details  |  |

**2.4 Please provide name and contact details of an external referee who can provide a credible reference of your delivery in a similar line of work. Please give us these details**

|  |
| --- |
| Name and contact details of referee |
|  |

**SECTION 3 – Project proposal summary**

|  |  |
| --- | --- |
| Relevant experience of project delivery(Max 250 words) |  |
| Summarise what you will deliver to meet programme outcomes(Max 250 words) |  |
| Tell us which wards of Derby you aim to deliver in(be specific) |  |
| Summarise programme outline / milestones and numbers to be delivered (Max 250 words) |  |
| Amount required to deliver: |  |
| Bank Details: |
| Name of Bank: |  |
| Branch Name: |  |
| Account Name: |  |
| Account Number: |  |
| Sort Code: |  |

**SECTION 4.**

**Please submit on no more than 2 sides of A4 further delivery details summarised in section 3 including a financial breakdown of cost.**

These are covered above – please let us know if you need anything further.

**SECTION 5.**

**By signing I confirm that all information supplied is accurate and that I am authorised to sign on behalf of the organisation.**

**Authorised Signature:**

**Position:**

**Date:**

**SECTION 6. - CHECKLIST**

# Have you…?

* completed every section Yes [ ]
* enclosed your organisation’s / group’s latest Yes [ ]

 financial accounts **or** (if you’ve just started/are too small

for accounts) your income and expenditure forecast

**Please confirm you have the following documents.**

**(**Please note – we may request copies of these if your application is successful)

* Constitution or other rules Yes [ ]
* Equality and diversity policy Yes [ ]
* Child protection policy Yes [ ]
* Valid Public liability insurance Yes [ ]
* Health and safety policy Yes [ ]
* Food Hygiene registration and certificates Yes [ ]

Organisations and groups **must comply** with Community Action Derby’s general rules and conditions for the grant, including Disclosure Barring Service (DBS) checks of all individuals in regular contact with children or vulnerable adults**.**

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| **When completed, please return to:****grants@communityactionderby.org.uk****Deadline: ongoing** |