Outcome of application:

(C3SC/GVS use only)

Reference number:

(C3SC/GVS use only)



**Supporting Parents or Siblings of Children with Mental Health Issues Grant 2019**

**Application for revenue and capital funding**

**Please refer to the Guidance Notes prior to completion and complete this form in black ink**

**A - The Organisation:**

A1. Name of Organisation

Address

Postcode: Telephone:

Email address:

Please enter your Charity Number if applicable

**A2. Constitution & Policies** (*please answer yes or no*):

Do you have:

A constitution/set of rules/Memorandum & Articles of Association?

An Equalities Policy?

A Safeguarding policy?

A volunteering policy?

Is your organisation:

* Based in or serving Cardiff and/or Vale of Glamorgan
* Independent or properly constituted and
* Self governing and
* Non-profit distributing and
* Non-party political and
* Run by an unpaid committee for the benefit of the community

**B - Organisation’s Bank Details:**

Account name:

Bank/Building Society name and address:

Post code: Telephone:

Sort code:

Account Number:

How many people have to sign cheques or withdrawals from the account?

**C - Main contact for the purpose of this application** (if different from that of the organisation)**:**

Name:

Postal & Email Address:

Position in organisation:

Signed: Date:

**D - Endorsements:**

**D - INDEPENDENT REFEREE**

Please ensure that the referee supports your request for funding and would be willing to be contacted to discuss the application further.

Contact details:

Email:

Telephone:

Address:

**E1**. What are the main aims of your organisation and what services and activities do you provide?

 (Up to a maximum of 200 words)

**E2.** Please demonstrate fully why the funding is needed, how it will be used and how it meets the key priority areas (refer to the Guidance Notes).

 *(Please continue on another sheet if required)* (Up to a maximum 500 of words)

**E3.** What difference would this funding bring to your organisation, your members and your beneficiaries?

 (Up to a maximum of 300 words)

Please estimate the **total number** of people who would benefit if

this funding is approved.

**E4.** Tell us how much is needed and give a breakdown of costs (include VAT where applicable)

**Quotations that have been used to calculate the costs MUST be enclosed.**

*Quotes for capital item expenditure must be included with your application.  Remember to include VAT where applicable.*

Item Amount

**£**

**£**

**£**

**£**

**£**

**£**

**£**

**£**

**£**

**£**

**£**

 TOTAL

Total amount applied for (Maximum £7,500)

**£**

**Checklist**

**Please note:** it is important that you read the guidance notes before you complete the application form. **Applications will not be considered for assessment unless all relevant documents are included** and all instructions below have been completed.

**Please ensure that you have enclosed the following items with your application:**

A copy of our constitution/set of rules/Memorandum & Articles of

Association, dated and signed as adopted by our group

A copy of our Equality & Diversity Policy

A copy of our Protection Policy/Policies

(if you work with children, young people or vulnerable adults)

A copy of our Volunteering Policy

A copy of a recent bank or building society statement

**Either** a copy of our most recent annual accounts, dated

and signed as approved **Or** (for new groups) a statement

of our estimated income and expenditure for the first year

Copies of all estimates/quotations used to work out the costs

We have made a copy of the completed form for our records

Please send your completed application form, supporting material and checklist to: admin@c3sc.org.uk (subject Supporting Parents of Children with Mental Health Issues Grant)

or by post to Supporting Parents of Children with Mental Health Issues Grant, Cardiff Third Sector Council, Third Floor, Baltic House, Mount Stuart Square, Cardiff CF10 5FH.

**ICF Supporting Parents or Siblings of Children with Mental Health Issues Grant 2019**

|  |
| --- |
| **Integrated Services for Parents or Siblings of Children with Mental Health Issues**  |
| The project aims to develop support or services for parents or siblings of children with mental health issues in the following way; |
| **Amount requested**  | **Amount Agreed****(For Office use only)** | **Reduce Unscheduled admissions to hospital** | **Solutions for accelerate discharge from Hospital** | **Support delivery of information, advice and assistance service** | **Develop preventative services & trial new models of working** | **Solutions for reablement of service users to independence** | **Support integrated health & social care** | **Deliver prudent health & social care** |
|  |  |  |  |  |  |  |  |  |
| **Additional resources/matched funding** | **Integration** | **Transformational** | **New/Additional** | **Deliver benefits** | **Strategic** | **Fairness/Equality** |
|  |  |  |  |   |  |  |

|  |  |
| --- | --- |
| **How much will you do?** | **How well will you do it? (include how you will measure this)** |
|  |  |
| **Is anyone better off? (include how you will measure this)** |
|  |