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**Regional Integrated Fund for Dementia Grant Scheme 2024-26**

**APPLICATION FORM**

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| 1. **Contact Details**
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| Organisation name |  |
| AddressPost Code |  |
| Contact name |  |
| Phone |  |
| Email |  |
| Website |  |

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| 1. **Your Project**
 |
| Project name |  |
| Where will the project take place?  |

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| Rhondda Cynon Taff  |
| Merthyr Tydfil |
| Bridgend |
|  |
| Regional  |
|  |
| Regional collaborative bid |
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 |
| If this is a collaborative bid please tell us what partners are involved and what level of service will be delivered in each locality? |  |
| Is the project new to your organisation? | [ ]  Yes[ ]  No |
| Is a similar project currently being delivered in the area? | [ ] Yes (tell us below why we should consider your application)[ ]  No[ ]  Don’t know |

**Which beneficiary groups will your project support:** (please tick)

[ ]  People living with Dementia

[ ]  Carers and/or families

[ ]  Both of the above

**Main criteria your project is meeting: (**please tick)

[ ]  Combat the impact of loneliness and isolation

[ ]  Prevent unnecessary access (admission or referral) to statutory services

[ ]  Support hospital discharge

[ ]  Support beneficiary groups to maintain their health, wellbeing and

 independence

[ ]  Encourage innovation or new models of delivering sustainable integrated

Services

**Please answer the following questions:**

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| **2a. Tell us what co-production and engagement has been undertaken in creating the project and how the gap was identified.**  |

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| **2b. What was the outcome of your stakeholder engagement? How can you substantiate the evidence of need based on the needs of the population?** |

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| **2c. Please briefly describe your project, telling us what you plan to do and how it would benefit people living with dementia and their families and/or Carers****(Max 500 Words)** |

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| **2d. Please tell us what you hope to achieve (Max 500 words)** |

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| **2e. Please briefly tell us what makes your project innovative (Max 250 Words)** |

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| **2f. Tell us how you will capture and evidence data and evaluate your project achievements including how it links to the Reginal Partnership Board outcomes/** **(Max 250 Words)****2g. Tell us how your project will meet the Dementia Care Pathway of Standards** |
| **2h. Please tell us how your project will engage with new participants and not the current beneficiaries of your organisation.**  |

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| 1. **Project costs**
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| 3a. How much will the total project cost? |  |
| 3b. How much do you require from the Fund? |  |
| 3c. Please provide a breakdown of the project costs | Item | Cost |
| 3d. Have you applied for, or received, any other funding for this project? | [ ]  Yes[ ]  NoIf ‘Yes’ please provide details and the amount requested/secured |
| 3e. Will you be providing any match funding for this project? (including ‘in kind’ or volunteering) | [ ]  Yes[ ]  NoIf ‘Yes’ please provide details of the amount: |
| 3f. Will your project continue after the period you have requested funding for? | [ ]  Yes[ ]  NoIf ‘Yes’ explain how on-going costs will be met. For example do you have a fundraising strategy or will your project start to generate income? Include a copy of your sustainability plan with your application |

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| **4 Financial information** |
| **4a. Please send us a copy of your most recently independently audited accounts or, if you are a small charity (with income less than £10,000 per annum) then only your most recent statement of income and expenditure is required.** |
| **4b. Bank account details** |
| Organisation Account Name |  |
| Bank/Building Society Name |  |
| Bank/Building Society Address |  |
| Sort Code |  |
| Account Number |  |
| Building Society Roll Number |  |
| **4c. Who from your organisation can sign cheques for this account?** |
| Name Person 1 |  |
| Position |  |
| Name Person 2 |  |
| Position |  |
| Name Person 3 |  |
| Position |  |

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| 1. **Declaration**
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| We, the undersigned, confirm that the information provided on this application form is correct. We understand that provision of misleading or false information may lead to recovery of payments |
| Signatory 1 (Main contact)\* |
| Name |  |
| Position |  |
| Date |  |
| Signature |  |
| Signatory 2 (Chairperson / Vice Chair / Treasurer – NOT the main contact)\*I confirm, that I am authorised to sign this application, and that to the best of my knowledge and belief, all answers are true and accurate. I further confirm that this application is made on the basis that, if successful, the organisation will comply with the terms and conditions that follow |
| Name |  |
| Position |  |
| Date |  |
| Signature |  |
| AddressPost Code |  |
| Telephone |  |
| Email |  |
| \*Please note that if you are returning this form electronically and unsigned you will be bound by the declaration when we receive your application by email. |

Please include the following documentation:

* Annual accounts and current bank statement
* Governing Document
* Safeguarding Policy
* Equality Policy
* Sustainability Exit plan