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**Regional Integrated Fund for Dementia**

**Small Grant Scheme 2023-24**

**APPLICATION FORM – round 2**

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

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| 1. **Your Project** | |
| Project name |  |
| Where will the project take place? | |  | | --- | | Rhondda Cynon Taff | | Merthyr Tydfil | | Bridgend | |  | | Is the project delivered across the region of Cwm Taf Morgannwg? | |  | | Is the application a collaboration of delivery partners? | |  | |
|  | 1. If your project is not being delivered across the region please explain why not: 2. Is this project being delivered elsewhere in the region: 3. If yes how will this project link with other projects of this nature across the region? |
| 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

Help community and voluntary organisations to build community capacity

**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 Regional 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** | | |
| 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  No  If ‘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  No  If ‘Yes’ please provide details of the amount: | |
| 3f. Will your project continue after the period you have requested funding for? | Yes  No  If ‘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** | |
| 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 |  |
| Address  Post 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