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**Amser Grant Scheme 2024-25**

**Short Breaks for Unpaid Carers**

**APPLICATION FORM**

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| 1. **Contact Details** | |
| Organisation name |  |
| Address  Post Code |  |
| Contact name |  |
| Phone |  |
| Email |  |
| Please tell us what your organisation does? |  |
| Are you a member of? | Interlink RCT  Voluntary Action Merthyr Tydfil (VAMT) |

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| 1. **Your Project** | |
| Project name |  |
| Where will the project take place? | Rhondda Cynon Taf  Merthyr Tydfil |
| Is the project new to your organisation? | Yes  No |
| Is a similar project currently being delivered in the area? | Yes  No  Don’t know |

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

Unpaid carer

Unpaid carer and person they care for

**Criteria your project is meeting: (**please tick)

Increase the availability and accessibility of short breaks for unpaid carers

Provide personalised, flexible, and responsive break options for unpaid carers

Support beneficiary groups to maintain their health and wellbeing

Help community and voluntary organisations to build community capacity

1. **Project proposal:**

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| **3a. Please describe in detail your project, telling us what you plan to do and how it will benefit unpaid carers and the person they care for?** |

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| **3b. Tell us how you will capture evidence data and evaluate your project outcomes?** |

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| 1. **Project costs** | | |
| 4a. How much will the total project cost? |  | |
| 4b. How much do you require from the Fund? |  | |
| 4c. Please provide a breakdown of the project costs. | Item | Cost |
| 4d. Have you applied for, or received, any other funding for this project? | Yes  No  If ‘Yes’ please provide details and the amount requested/secured | |
| 4e. 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: | |
| 4f. Will your project continue after the period you have requested funding for? | Yes  No | |

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| **5 Financial information** | |
| **5a. 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 your most recent statement of income and expenditure is required.** | |
| **5b. Bank account details** | |
| Organisation Account Name |  |
| Bank/Building Society Name |  |
| Bank/Building Society Address |  |
| Sort Code |  |
| Account Number |  |
| Building Society Roll Number |  |
| **5c. 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. | |

**Deadline for application submission: Friday 16th August (Noon)**

Please send your completed application to: [grants@interlinkrct.org.uk](mailto:grants@interlinkrct.org.uk)

or by post to: Claire Blackmore, Interlink RCT, Glenview House, Courthouse Street, Pontypridd RCT CF37 1JY.

**Please include the following documentation:**

* Annual accounts and current bank statement
* Governing Document
* Safeguarding Policy