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**Amser Grant Scheme 2024-25**

**Short Breaks for Unpaid Carers**

**APPLICATION FORM**

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| 1. **Contact Details**
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| Organisation name |  |
| AddressPost 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**
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| 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**
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| 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 [ ]  NoIf ‘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[ ]  NoIf ‘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**
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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. |

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

Please send your completed application to: 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