



Adult Services
Innovation Funding Application
1st April 2013 – 31 March 2014

Completing this Application Form

Section1

In this section you are asked to provide us with some basic information about your organisation.

Information given in this section of the form will be stored on a database of organisations operating in Cheshire East that will be published on Cheshire East Council's website.

Section 2

In this section you are asked to tell us about the funding you are applying for, together with the costs you are claiming. When completing this section please refer to the **funding criteria** document that accompanies this application form.

Section 3

In this section you are asked to give details of how you would monitor expenditure of the funding and the outcomes of the work you intend to carry out.

Supporting documentation

You should note that as part of the application process you are required to supply copies of the following supporting documentation;

- Constitution or Memorandum and Articles of Association
- Latest Annual Report (if your organisation produces one)
- Latest available accounts
- Certificate of Public Liability Insurance
- Equal Opportunities policy and procedures
- Health and safety policy
- Policies applicable to service delivery (e.g. Child Protection, Vulnerable Adults etc)
- Any business, development or project plan in support of your application

Should you have any difficulty in providing any part of the requested documentation, or feel there is a reason why any part should not apply to your application, please seek immediate advice by contacting : Alex Grimshaw, on 01270 375155 or via e-mail at alex.grimshaw@cheshireeast.gov.uk

Please note ; Applications to this fund will be accepted until 30th September 2013 however all activities and spend must be completed by 31st March 2014

Section 1 : ABOUT YOUR ORGANISATION**1. Name of your organisation**

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2. Details of the main contact person within your organisation

Name

Position in your organisation

3. Correspondence address (to which all correspondence will be sent)

Address

Postcode

Telephone

Fax

e-mail

4. Registered office address (if different from above)

Address

Postcode

Telephone

Fax

e-mail

5. Does your organisation have a Constitution or Memorandum and Articles of Association? (please provide a copy)

YES

NO

Please tick

6. What is the status of your organisation? (e.g. Company Limited by Guarantee, Partnership, Registered Charity, Un-incorporated association etc)

Company Registration number. (if applicable)

Charity Registration number. (if applicable)

7. Please provide a brief history of your organisation (limit of 200)

8. What are the aims and objectives of your organisation? (limit of 150 words)

Section 2a)**1. What are you applying for funding for?**

Please give a BRIEF statement summarising the work the funding will enable you to carry out

2. In which geographical areas will the service or activities be delivered?

If the work will not benefit the whole of the borough, please specify which areas will benefit

3. How has the need for the services or activities been identified?

4. Please describe how you see your proposal as demonstrating innovation and what are the positive changes you would expect to see in the borough?

5. Which are the target groups for the service or activities and how many people will benefit?

6. How will you raise awareness of the service or activities among the people or organisations you aim to benefit and other stakeholders?

7. How will you ensure that the work is continued beyond the term of funding, or that the benefits of the work are maintained?

8. How much will the activities you are planning cost in total?

(this should include both cash and in-kind contributions)

£

9. a) Are you seeking support for this work from any other organisations?

☐

Yes

☐

No

if YES, give further details in question 9b

*tick as applicable

9 b) Please give details of the sources and amounts of any support referred to in question 9a).

Source	Amount - £	Date secured or decision expected
Total: £		

10. Should any of the support identified in Question 9b) not be realised, what effect will this have on the overall services and/or activities being applied for through this application?

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Section 2b) COSTS YOU ARE APPLYING FOR
1. Please provide a breakdown of any costs that you are claiming

Costs for which you are claiming	Total cost	Amount you are applying for
Total revenue cost		

2. What is the total amount you are applying for?
Total amount £

Section 2c) SCHEDULE OF WORK

Please complete the following schedule to show your organisations services delivery under this funding (additional sheets may be used if required)

Activity detail	
Activity	
Objectives	
Milestones/When	
Outputs that will be delivered	
Outcomes that will be achieved	
Identify any risks that could affect these outcomes being achieved	

Section 3: Monitoring**1. How will you monitor the work to ensure the objectives are being met?****2. How will the people benefiting from this work be able to give you feedback about it?****3. How will issues raised by the feedback be acted upon?**

The following declaration is to be signed by the Chairperson/CEO and the Treasurer/Finance Director of your organisation

PLEASE READ AND SIGN THE DECLARATION BELOW

I declare that the information given in this application form is correct and authorise Officers of Cheshire East Borough Council to carry out such checks as necessary

Chairperson/CEO

Name (in BLOCK CAPITALS)

Signed

Dated

Treasurer/Finance Director

Name (in BLOCK CAPITALS)

Signed

Dated

BEFORE POSTING PLEASE CHECK THE FOLLOWING

- Your application is fully completed and signed
- All supporting information as listed on page 2 is included with your application