

GUIDANCE NOTES FOR COMPLETION OF APPLICATION FOR GRANT FUNDING TO SUPPORT WORK REHABILITATION

Section 1: About your organisation

Name of Organisation Organisation contact address Website Main contact for the application Name Position held Personal Contact Address Daytime Phone Number Email Address What type of Organisation are you? Charity/Not for Profit Registration Number (if Applicable)	Important information required to enable us to liaise with you about your application
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What does your organisation do, and who does it help?	Please also tell us about any local website which gives more information about your organisation
How many people are involved with running your organisation?	Important information about your organisation
Organisation Start-Date (or Date of Registration)	
Please confirm which of the following your organisation has:	Please select those that apply
Are you willing to supply this information on request?	

Section2: About your funding request

Have you ever received grant funding from the Social Security Department?	Please select Yes or No
If yes, when was this?	Please provide date (or approximate date)
Please describe the project or activity that you would like funded:	Where appropriate, please indicate how the project or activity links to work rehabilitation
Please describe briefly the aims of your organisation:	Please include any aims that support work rehabilitation
Do the aims and objectives of your organisation allow you to carry out the project you are requesting a grant towards?	Please select Yes or No
How will this project/activity help benefit the participants?	Please explain how the project/activity will support work rehabilitation and improve the chances of the participants moving into work or remaining in work
How many participants will be supported by this project?	Please insert number
How will you select participants?	If appropriate, please include details of any referral criteria and the support you will need from any States Department, other third sector organisation or other agency
Over what timeframe will the project or activity take place (in weeks)?	Please insert total number of weeks
Does the project have a start date and finish date? If so, please complete the box below:	Please insert dates
Will your project target people from the following categories?	Please select all that apply

Is this a new project or a continuation of work?	Please select which one applies
Please list and briefly describe the outcomes that you expect individuals to learn as a result of the project:	Please include the outcomes which highlight how your project/activity supports work rehabilitation
What is the total cost of your project?	Please insert amounts, but also refer to any additional financial information you are submitting with this application
What size grant are you applying for?	
What area will the funding be used on? Please list appropriate categories (e.g. staff salary, materials)	

Section 3: Financial Details

What are the usual sources of income for your organisation? Please specify the source and an approximate breakdown i.e. States of Guernsey, Donations, Private income, Other:	Please list all the sources of income
Please provide the total amount of monies held by your organisation (all accounts and investments) as at your application date:	Please insert total sum
When does your financial year run to?	Please insert date
Please confirm which of the following your organisation has:	Please select all that apply
Are you willing to supply this information on request?	Please select Yes or No
Please indicate the insurance held by your organisation and the level of cover:	Please select Yes or No and insert level of cover
Please enclose copies of your final, signed off, last two years audited accounts and indicate that these have been provided:	Please select Yes or No
Is there a reason why reserves should not be used to fund the support required?	Please consider if it is relevant to highlight whether this is a request for a full or partial grant towards your work rehabilitation project or activity
How much income does your organisation require on an annual basis?	Please insert actual amount (or approximate sum)
Have you applied for funding from any other source for this project?	Please give details of other applications you have submitted to any organisation in order to fund this particular project or activity. If no other applications have been submitted, please insert " <i>No other applications made</i> "
If a grant is awarded, how will you require payment? i.e. staged payments, on completion, up-front. Please provide details in the box below:	Please insert preferred payment arrangement
If a grant is awarded, it will be paid directly into the bank. Please complete the relevant details:	Please insert bank details

Section 4: Declaration

Declaration	Please read the declaration, tick the box if you wish to receive updates about the grant scheme in general and insert name and date of application. Please email the application together with any supporting documentation to the email address specified. Please include a note in your cover email if you are also submitting any documentation by post.
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