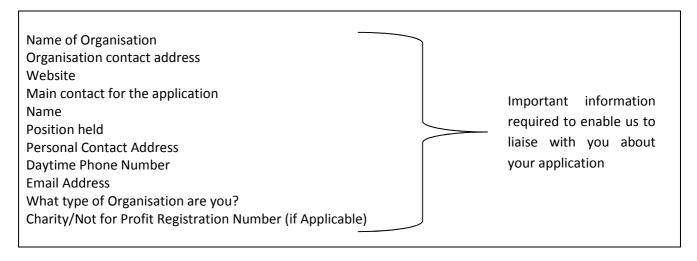


#### GUIDANCE NOTES FOR COMPLETION OF APPLICATION FOR GRANT FUNDING TO SUPPORT WORK REHABILITATION

#### **Section 1: About your organisation**



|   | Please also tell us about any local  |  |
|---|--------------------------------------|--|
| What does your organisation do, and who does it help?                                 | website which gives more information |  |
|   | about your organisation              |  |
| How many people are involved with running your organisation? Important information ab |                                      |  |
| Organisation Start-Date (or Date of Registration)                                     | organisation                         |  |
| 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<br>any referral criteria and the support you<br>will need from any States Department,<br>other third sector organisation or other<br>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  | Please include the outcomes which   |  |
| individuals to learn as a result of the project:               | highlight how your project/activity   |  |
|  | supports work rehabilitation  |  |
| What is the total cost of your project?                        | Please insert amounts but also refer to   |  |
| What size grant are you applying for?                          | Please insert amounts, but also refer to any additional financial information you |  |
| What area will the funding be used on? Please list appropriate | are submitting with this application  |  |
| categories (e.g. staff salary, materials)                      | are submitting with this application  |  |

## **Section 3: Financial Details**

| What are the usual sources of income for your organisation? Please specify the source and an approximate breakdown i.e.  | Please list all the sources of income   |  |
|--|---|--|
| 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   | Please insert total sum   |  |
| application date:  |   |  |
| 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  | Please select Yes or No and insert level  |  |
| level of cover:  | 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)  |  |
| Please give details of other a you have submitted to any o in order to fund this particular activity. If no other applications made"  Please give details of other a you have submitted to any o in order to fund this particular activity. If no other applications made" |   |  |
| 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**

|             | Please read the declaration, tick the box if you wish to receive updates about the grant scheme in general and insert name  |
|-------------|---|
| Declaration | 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.  |