



APPLICATION FOR GRANT FUNDING TO SUPPORT WORK REHABILITATION

Section 1: About your organisation

Name of Organisation

Organisation Contact Address

Post Code:

Website (if applicable)

Main contact for the application (this should be a person closely involved with the work who we can discuss the application with)

Name

Position Held

Personal Contact Address

Post Code:

Daytime Phone Number

Email Address

What type of Organisation are you?

Charity/ Not for Profit Registration Number (If Applicable)

--

What does your organisation do, and who does it help?

--

How many people are involved with running your organisation?

Volunteers:	Full Time Paid Staff:
Part Time Paid Staff:	Committee Members:

Organisation Start-Date (or Date of Registration):

--

Please confirm which of the following your organisation has:

Constitution	
Memorandum of Understanding	
Set of Rules	
Articles of Association	

Please confirm which of the following your organisation has:

Health and Safety Policy	
Equalities Policy	
Complaints Policy	
Vulnerable Person's Policy	
Quality Assurance	
Whistle blowing Policy	
CRB Checks	

Are you willing to supply this information on request?

Yes		No	
-----	--	----	--

Section 2: About your funding request

Have you ever received grant funding from the Social Security Department?

Yes		No	
-----	--	----	--

If yes, when was this?

--

Please describe the project or activity that you would like funded:

--

Please describe briefly the aims of your organisation:

--

Do the aims and objectives of your organisation allow you to carry out the project you are requesting a grant towards?

Yes		No	
-----	--	----	--

How will this Project / activity help benefit the participants?

--

How many participants will be supported by this project?

--

How will you select participants?

--

Over what timeframe will the project or activity take place (in weeks)?

--

Does the project have a start and finish date? If so, please complete the box below:

Start Date:		Finish Date:	
-------------	--	--------------	--

Will your project target people from the following categories?

Disabled/ health conditions	
Over 50's	
Lone Parents	
Unemployed Jobseekers	

Is this a new project or a continuation of work?

New		Continuation	
-----	--	--------------	--

Please list and briefly describe the outcomes that you expect individuals to learn as a result of the Project:

Personal Development <i>(e.g. motivation, confidence)</i>	
Basic Work Skills <i>(e.g. time keeping, literacy, numeracy, personal presentation)</i>	
Core work skills <i>(e.g. communication, numeracy, interpersonal)</i>	

Qualifications <i>(Please list)</i>	
Destinations <i>(e.g. volunteering, employment, further training)</i>	

What is the total cost of your project?

--

What size grant are you applying for?

--

What area will the funding be used on? Please list appropriate categories (e.g. staff salary, materials):

Category *Please define*	Amount	Description

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 provide the total amount of monies held by your organisation (all accounts and investments) as at your application date:

--

When does your financial year run to?

--

Please confirm which of the following your organisation has:

Audited Accounts	
Unaudited Accounts	
Cash Flow Projections	
Independently Reviewed Accounts	

Are you willing to supply this information on request?

Yes		No	
-----	--	----	--

Please indicate the insurance held by your organisation and the level of cover:

Insurance	Y/ N	Level of Cover
Public Liability		
Employer's liability		
Professional Indemnity		

Please enclose copies of your final, signed off, last two years, audited accounts and indicate that these have been provided:

Yes		No	
-----	--	----	--

Is there a reason why reserves should not be used to fund the support required?

--

How much income does your organisation require on an annual basis?

--

Have you applied for funding from any other source for this project?

--

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:

--

If a grant is awarded, it will be paid directly into the bank. Please complete the relevant details:

Account Name	
Bank Name	
Branch	
Account Number	
Sort Code	

Section 4: Declaration

I am authorised to make the application on behalf of the above organisation.

I confirm that the information contained in this application is correct and that if a grant is awarded it will be used only for the purpose stated and according to the terms and conditions of the grant.

The details of this application will be stored within the Social Security Department's files in order to process the application.

If the application receives funding, the Social Security Department may release details of the amount given, and how it will be spent, to the media (or through other external channels). It may use this information for promotional purposes.

The Social Security Department may occasionally use your contact details to send you information or updates regarding this scheme.

If you would not like to receive these updates, please tick here:

☐

Name:	Date:
-------	-------

REMEMBER TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Please send your completed form and any enclosures electronically to:

Email:

If you cannot send the requested additional information electronically, please post to:

The Deputy Chief Officer
Social Security Department
Edward T Wheadon House
Le Truchot
St Peter Port
GY1 3WH